

RHODE ISLAND HOSPITAL

CHARITY CARE SLIDING SCALE FOR INPATIENTS and OUTPATIENTS per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	301%+
<i>Outpatient % Discount</i>		FREE	90%	78%
<i>Inpatient % Discount</i>		FREE	80% of DRG	DRG
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,320.00	\$54,640	\$81,960	\$81,960
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240
Each additional family member		\$5,680	\$11,360	

Sliding Fee Scale – Effective January 2026

THE MIRIAM HOSPITAL

CHARITY CARE SLIDING SCALE FOR INPATIENTS and OUTPATIENTS per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	301%+
	<i>Outpatient % Discount</i>	FREE	90%	80%
	<i>Inpatient % Discount</i>	FREE	DRG	DRG
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,320.00	\$54,640	\$81,960	\$81,960
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240
Plus \$X for each additional family member		\$5,680	\$11,360	

Sliding Fee Scale – Effective January 2026

NEWPORT HOSPITAL

CHARITY CARE SLIDING SCALE FOR INPATIENTS and OUTPATIENTS per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	301%+
<i>Outpatient % Discount</i>		FREE	90%	82%
<i>Inpatient % Discount</i>		FREE	80% of DRG	DRG
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,620.00	\$55,240	\$82,860	\$82,860
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240
Plus \$X for each additional family member		\$5,680	\$11,360	

Sliding Fee Scale- Effective January 2026

EMMA PENDLETON BRADLEY HOSPITAL

CHARITY CARE SLIDING FOR INPATIENTS and OUTPATIENTS per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	301%+
<i>Outpatient % Discount</i>		FREE	90%	70%
<i>Inpatient % Discount</i>		FREE	90%	46%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,320.00	\$54,640	\$81,960	\$81,960
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240
Plus \$X for each additional family member		\$5,680	\$11,360	

Sliding Fee Scale – Effective January 2026

GATEWAY HEALTHCARE Inc.

CHARITY CARE SLIDING Scaled OUTPATIENTS per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		< = 200%	201%-300%	301%+
<i>Outpatient % Discount</i>		FREE	90%	54%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,320.00	\$54,640	\$81,960	\$81,960
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240
Plus \$X for each additional family member		\$5,680	\$11,360	

Sliding Fee Scale – Effective January 2026

Brown Health Medical Group Primary Care

CHARITY CARE SLIDING SCALE FOR OUTPATIENTS per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	301%+
<i>Outpatient % Discount</i>		FREE	90%	47%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,620.00	\$55,240	\$82,860	\$82,860
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240

Sliding Fee Scale – Effective January 2026

Brown Health Medical Group

CHARITY CARE SLIDING SCALE FOR OUTPATIENT per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	301%+
<i>Outpatient % Discount</i>		Free	90%	74%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$15,960.00	\$31,920	\$47,880	\$47,880
2	\$21,640.00	\$43,280	\$64,920	\$64,920
3	\$27,620.00	\$55,240	\$82,860	\$82,860
4	\$33,000.00	\$66,000	\$99,000	\$99,000
5	\$38,680.00	\$77,360	\$116,040	\$116,040
6	\$44,360.00	\$88,720	\$133,080	\$133,080
7	\$50,040.00	\$100,080	\$150,120	\$150,120
8	\$55,720.00	\$111,440	\$167,160	\$167,160
9	\$61,400.00	\$122,800	\$184,200	\$184,200
10	\$67,080.00	\$134,160	\$201,240	\$201,240
Plus \$X for each additional family member		\$5,680	\$11,360	

Sliding Fee Scale – Effective January 2026

Brown University Health Urgent Care

CHARITY CARE SLIDING SCALE FOR OUTPATIENT URGENT CARE per INCOME LEVEL and FAMILY SIZE

% Based on Federal Poverty Level, at or below:					
<i>URGENT CARE % Discount</i>			100%	90%	50%
Family Size	Federal Poverty Level	Income Up To		Income Over	
1	\$15,960.00	\$31,920	\$47,880	\$47,880	
2	\$21,640.00	\$43,280	\$64,920	\$64,920	
3	\$27,320.00	\$54,640	\$81,960	\$81,960	
4	\$33,000.00	\$66,000	\$99,000	\$99,000	
5	\$38,680.00	\$77,360	\$116,040	\$116,040	
6	\$44,360.00	\$88,720	\$133,080	\$133,080	
7	\$50,040.00	\$100,080	\$150,120	\$150,120	
8	\$55,720.00	\$111,440	\$167,160	\$167,160	
9	\$61,400.00	\$122,800	\$184,200	\$184,200	
10	\$67,080.00	\$134,160	\$201,240	\$201,240	
Plus \$X for each additional family member		\$5,680	\$11,390		