

VCUHS Financial Assistance Guidelines

At-A-Glance

	2018 Federal Poverty Levels	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Uninsured Patients
VCU Medical Center and CHoR		State-Sponsored Indigent Care and Charity (Subject to the Asset Test)					Self-Pay Discount (w/o Income or Asset Test)
	Indigent Discount (State sponsored)	100%	95%	80%	55%	30%	45% Additional Discounts:
	Additional Charity for Hosp OP (excludes Amb Surgery, ED and Observation patient types)	n/a	n/a	n/a	n/a	25%	Payment in Full within 12 Months - additional 5% discount
	Max Copay (Based on 20% of Allowable Income)	\$0	\$2,671	\$3,229	\$4,055	\$4,856	Payment in Full within 4 Months - additional 10% discount
	CHoR Only: PT/OT/Speech	100%	95%	80%	55%	30%	\$150 flat fee per visit (with prompt pay)
MCV Physicians	Indigent Discount (State sponsored)	100%	95%	80%	55%	30%	25% Additional Discounts:
	Additional Charity for Hosp OP (excludes Amb Surgery, ED and Observation patient types)	n/a	n/a	n/a	n/a	25%	Payment in Full within 12 Months - additional 5% discount
	Max Copay (Based on 20% of Allowable Income)	\$0	\$2,671	\$3,229	\$4,055	\$4,856	Payment in Full within 4 Months - additional 10% discount

2018 Federal Poverty Levels		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
CMH and CMH Physicians*		State-Sponsored Indigent Care and Charity (Subject to the Asset Test)					CMH Charity (Available Up to 300% of FPL)
	COPN** Procedures Specific Discount	100%	100%	100%	100%	100%	n/a
	State Sponsored Indigent Discount	100%	95%	80%	55%	30%	n/a
	CMH Additional Charity	n/a	5%	20%	25%	50%	80%
	Max Copay (Based on 20% of Allowable Income)	\$0	\$0	\$0	\$4,055	\$4,856	n/a

2018 Federal Poverty Limit for 48 Contiguous States and DC

Persons in Family/ Household***	Tier 1 0 - 100%	Tier 2 101 - 110%	Tier 3 111 - 133%	Tier 4 134 - 167%	Tier 5 168 - 200%	Tier 6 201 - 300%
1	\$12,140	\$13,354	\$16,146	\$20,274	\$24,280	\$36,420
2	\$16,460	\$18,106	\$21,892	\$27,488	\$32,920	\$49,380
3	\$20,780	\$22,858	\$27,637	\$34,703	\$41,560	\$62,340
4	\$25,100	\$27,610	\$33,383	\$41,917	\$50,200	\$75,300
5	\$29,420	\$32,362	\$39,129	\$49,131	\$58,840	\$88,260
6	\$33,740	\$37,114	\$44,874	\$56,346	\$67,480	\$101,220
7	\$38,060	\$41,866	\$50,620	\$63,560	\$76,120	\$114,180
8	\$42,380	\$46,618	\$56,365	\$70,775	\$84,760	\$127,140
For families/households with more than 8 persons, add amount below for each additional person.						
	\$4,320	\$4,320	\$4,320	\$4,320	\$4,320	\$4,320

* CMH Financial Assistance Policy available at <https://bit.ly/2AMTEQ9>

** COPN - Certificate of Public Need

*** For more information about Household qualifications, visit <https://bit.ly/2OMXJqJ>