



YUMA REGIONAL MEDICAL CENTER

Financial Assistance Guidelines For Uninsured Patients

Household Size	If Household Income is Less than:	If Household Income is between:			If Household Income is between:			If Household Income is between:			If household Income is Over:			
		200% of FPL	201% of FPL	250% of FPL	251% of FPL	300% of FPL	301% of FPL	350% of FPL	351% of FPL	400% of FPL		401% of FPL		
1	\$30,120	\$30,121	-	\$37,650	\$37,651	-	\$45,180	\$45,181	-	\$52,710	\$52,711	-	\$60,240	\$60,240
2	\$40,880	\$40,881	-	\$51,100	\$51,101	-	\$61,320	\$61,321	-	\$71,540	\$71,541	-	\$81,760	\$81,760
3	\$51,640	\$51,641	-	\$64,550	\$64,551	-	\$77,460	\$77,461	-	\$90,370	\$90,371	-	\$103,280	\$103,280
4	\$62,400	\$62,401	-	\$78,000	\$78,001	-	\$93,600	\$93,601	-	\$109,200	\$109,201	-	\$124,800	\$124,800
5	\$73,160	\$73,161	-	\$91,450	\$91,451	-	\$109,740	\$109,741	-	\$128,030	\$128,031	-	\$146,320	\$146,320
6	\$83,920	\$83,921	-	\$104,900	\$104,901	-	\$125,880	\$125,881	-	\$146,860	\$146,861	-	\$167,840	\$167,840
7	\$94,680	\$94,681	-	\$118,350	\$118,351	-	\$142,020	\$142,021	-	\$165,690	\$165,691	-	\$189,360	\$189,360
8	\$105,440	\$105,441	-	\$131,800	\$131,801	-	\$158,160	\$158,161	-	\$184,520	\$184,521	-	\$210,880	\$210,880
Patient Discount:	100% of Outstanding Patient Balance	95% of Outstanding Patient Balance			90% of Outstanding Patient Balance			85% of Outstanding Patient Balance			80% of Outstanding Patient Balance			No FA Discount

*For households with more than 8 persons, add \$5380 for each additional person

Discount schedule based on the 2024 Federal Poverty Guidelines found at: <https://aspe.hhs.gov/poverty-guidelines>

Financial Assistance Guidelines For Insured Patients

Household Size	If Household Income is Less than:	If Household Income is between:			If Household Income is between:			If Household Income is between:			If household Income is Over:			
		200% of FPL	201% of FPL	250% of FPL	251% of FPL	300% of FPL	301% of FPL	350% of FPL	351% of FPL	400% of FPL		401% of FPL		
1	\$30,120	\$30,121	-	\$37,650	\$37,651	-	\$45,180	\$45,181	-	\$52,710	\$52,711	-	\$60,240	\$60,240
2	\$40,880	\$40,881	-	\$51,100	\$51,101	-	\$61,320	\$61,321	-	\$71,540	\$71,541	-	\$81,760	\$81,760
3	\$51,640	\$51,641	-	\$64,550	\$64,551	-	\$77,460	\$77,461	-	\$90,370	\$90,371	-	\$103,280	\$103,280
4	\$62,400	\$62,401	-	\$78,000	\$78,001	-	\$93,600	\$93,601	-	\$109,200	\$109,201	-	\$124,800	\$124,800
5	\$73,160	\$73,161	-	\$91,450	\$91,451	-	\$109,740	\$109,741	-	\$128,030	\$128,031	-	\$146,320	\$146,320
6	\$83,920	\$83,921	-	\$104,900	\$104,901	-	\$125,880	\$125,881	-	\$146,860	\$146,861	-	\$167,840	\$167,840
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8	\$105,440	\$105,441	-	\$131,800	\$131,801	-	\$158,160	\$158,161	-	\$184,520	\$184,521	-	\$210,880	\$210,880
Patient Discount:	100% of Outstanding Patient Balance	25% of Outstanding Patient Balance			20% of Outstanding Patient Balance			15% of Outstanding Patient Balance			10% of Outstanding Patient Balance			No FA Discount

*For households with more than 8 persons, add \$5380 for each additional person

Discount schedule based on the 2024 Federal Poverty Guidelines found at: <https://aspe.hhs.gov/poverty-guidelines>

Effective 02/01/24