

OAKLAWN

FIN 200.1 - ABILITY TO PAY SCHEDULE

For Assessments on or After: July 1, 2023

Inpatient & Outpatient Services Co-Payment Responsibility (as a % of standard full fee)			Size of Household Unit (Number of Family Members)								
Co-Pay %	Assist %	% Poverty	1	2	3	4	5	6	7	8	9
			Gross Household Income Not to Exceed (as per below)								
Eligible for Enrollment in DMHA Supported Consumer (fka Hoosier Assurance Plan)											
\$5.00 OP	\$25.00 IP	minimum	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560	\$55,700
0%	100%	150%	\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$60,420	\$68,130	\$75,840	\$83,550
20%	80%	200%	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$111,400
Not Eligible for Enrollment in DMHA Supported Consumer (fka Hoosier Assurance Plan)											
40%	60%	250%	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850	\$100,700	\$113,550	\$126,400	\$139,250
70%	30%	300%	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840	\$136,260	\$151,680	\$167,100
90%	10%	over	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840	\$136,260	\$151,680	\$167,100

NOTE: Insurance co-pays & deductibles are not subject to this ability to pay schedule. Fee assistance will be granted using the above table but will not result in a charge to the patient of less than a **minimum charge of \$5.00 per encounter**. If there is a need to consider further assistance, a charity care application should be completed.

For households greater than 9 members -- for each additional member add \$5,140 to top line and \$15,420 to bottom line.

Gross income rounded to the nearest \$100 (as defined by the Internal Revenue) shall include any source of income of all the family members. (A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. Unmarried partners are not included when considering family members.)