



**Financial Assistance Program - Table (updated for 2020 FPG)  
Discounts for Categories 1 – 4 – Uninsured and Insured\*\*  
Employee Guide to WellStar Charitable Discounts**

For all uninsured patients, the Minimum Charitable Allowance is that charity care discount that is arrived by taking 100% and subtracting the specified Location Specific AGB % from this amount, then multiplying this remaining percentage by the gross charges for services rendered. In addition, additional charitable allowances are provided for as described below.

<b>Charity / Discount Category</b>	<b>Uninsured and Insured Patient Owes Percentage of AGB</b>
<b>Category (level) 1</b>	<b>0%</b>
<b>Category (level) 2</b>	<b>3%</b>
<b>Category (level) 3**</b>	<b>10%</b>
<b>Category (level) 4**</b>	<b>20%</b>

\*\* For patients with insurance coverage, the patient pay responsibility will be the insurance co-pay, co-insurance and deductible, capped in all cases at a percentage of gross charges, up to the AGB.

**Financial Assistance Program – Table II**  
**Patient Guide to WellStar Discounts – Household Income < 300% FPG**

<b>Family Size</b>	<b>125% or less of FPG Category 1</b>	<b>126% – 200% Category 2</b>	<b>201% – 250% Category 3</b>	<b>251%- 300% Category 4</b>
<b>1</b>	<b>\$0 - \$15,950</b>	<b>\$15,951 - \$25,520</b>	<b>\$25,521 - \$31,900</b>	<b>\$31,901 - \$41,470</b>
<b>2</b>	<b>\$0 - \$21,550</b>	<b>\$21,551 - \$34,480</b>	<b>\$34,481 - \$43,100</b>	<b>\$43,101 - \$56,030</b>
<b>3</b>	<b>\$0 - \$27,150</b>	<b>\$27,151 - \$43,440</b>	<b>\$43,441 - \$54,300</b>	<b>\$54,301 - \$70,590</b>
<b>4</b>	<b>\$0 - \$32,750</b>	<b>\$32,751 - \$52,400</b>	<b>\$52,401 - \$65,500</b>	<b>\$65,501 - \$85,150</b>
<b>5</b>	<b>\$0 - \$38,350</b>	<b>\$38,351 - \$61,360</b>	<b>\$61,360 - \$76,700</b>	<b>\$76,701 - \$99,710</b>
<b>6</b>	<b>\$0 - \$43,950</b>	<b>\$43,951 - \$70,320</b>	<b>\$70,321 - \$87,900</b>	<b>\$87,901 - \$114,270</b>
<b>7</b>	<b>\$0 - \$49,550</b>	<b>\$49,551 - \$79,280</b>	<b>\$79,281 - \$99,100</b>	<b>\$99,101 - \$128,830</b>
<b>8</b>	<b>\$0 - \$55,150</b>	<b>\$55,151 - \$88,240</b>	<b>\$88,241 - \$110,300</b>	<b>\$110,301 - \$143,390</b>
<b>*</b>	<b>\$5,600</b>	<b>\$8,960</b>	<b>\$11,200</b>	<b>\$14,560</b>

\* For each additional family member, for family size over eight (8), there are incremental increases in the salary range qualifiers for discounts

**Guarantor/Patient Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attestation: I attest that I am seeking a discount for services provided by WellStar Health System. I agree to provide proof of my eligibility for the discount, when requested. I am fully aware that if I fail to provide the necessary documentation which proves my eligibility, I may be billed for the full amount of the claim.**