

| FINANCIAL ASSISTANCE GRID FOR FLUSHING HOSPITAL - EFFECTIVE 1/30/2023  |                             |                              |                              |                              |                              |                               |            |              |            |                          |            |                       |
|--|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------|--------------|------------|--------------------------|------------|-----------------------|
| Financial Aid Plan   |                             | FA00                         |                              | FA01                         |                              | FA02                          |            | FA03         |            | FA04                     |            | NOCV                  |
| FPL  |                             | 100% or less                 |                              | 101% To 150%                 |                              | 151% To 200%                  |            | 201% To 250% |            | 251% Plus W/Complete App |            | Incomplete App/No App |
| Family Size  | Income                      | Less Than                    | Greater Than                 | To                           | To                           | Greater Than                  | To         | Greater Than | To         | Greater Than             | To         | Incomplete App/No App |
| 1  | Annual                      | 14580.00                     | 14580.00                     | 21,870.00                    | 21,870.00                    | 21,870.00                     | 29,160.00  | 29,160.00    | 36,450.00  | 36,450.00                | 36,450.00  | Incomplete App/No App |
|  | Monthly                     | 1215.00                      | 1215.00                      | 1,822.50                     | 1,822.50                     | 1,822.50                      | 2,430.00   | 2,430.00     | 3,037.50   | 3,037.50                 | 3,037.50   | Incomplete App/No App |
|  | Weekly                      | 280.00                       | 280.00                       | 420.00                       | 420.00                       | 420.00                        | 560.00     | 560.00       | 700.00     | 700.00                   | 700.00     | Incomplete App/No App |
| 2  | Annual                      | 19720.00                     | 19720.00                     | 29,580.00                    | 29,580.00                    | 29,580.00                     | 39,440.00  | 39,440.00    | 49,300.00  | 49,300.00                | 49,300.00  | Incomplete App/No App |
|  | Monthly                     | 1643.00                      | 1643.00                      | 2,464.50                     | 2,464.50                     | 2,464.50                      | 3,286.00   | 3,286.00     | 4,107.50   | 4,107.50                 | 4,107.50   | Incomplete App/No App |
|  | Weekly                      | 379.00                       | 379.00                       | 568.50                       | 568.50                       | 568.50                        | 758.00     | 758.00       | 947.50     | 947.50                   | 947.50     | Incomplete App/No App |
| 3  | Annual                      | 24860.00                     | 24860.00                     | 37,290.00                    | 37,290.00                    | 37,290.00                     | 49,720.00  | 49,720.00    | 62,150.00  | 62,150.00                | 62,150.00  | Incomplete App/No App |
|  | Monthly                     | 2071.00                      | 2071.00                      | 3,106.50                     | 3,106.50                     | 3,106.50                      | 4,142.00   | 4,142.00     | 5,177.50   | 5,177.50                 | 5,177.50   | Incomplete App/No App |
|  | Weekly                      | 478.00                       | 478.00                       | 717.00                       | 717.00                       | 717.00                        | 956.00     | 956.00       | 1,195.00   | 1,195.00                 | 1,195.00   | Incomplete App/No App |
| 4  | Annual                      | 30000.00                     | 30000.00                     | 45,000.00                    | 45,000.00                    | 45,000.00                     | 60,000.00  | 60,000.00    | 75,000.00  | 75,000.00                | 75,000.00  | Incomplete App/No App |
|  | Monthly                     | 2500.00                      | 2500.00                      | 3,750.00                     | 3,750.00                     | 3,750.00                      | 5,000.00   | 5,000.00     | 6,250.00   | 6,250.00                 | 6,250.00   | Incomplete App/No App |
|  | Weekly                      | 576.00                       | 576.00                       | 864.00                       | 864.00                       | 864.00                        | 1,152.00   | 1,152.00     | 1,440.00   | 1,440.00                 | 1,440.00   | Incomplete App/No App |
| 5  | Annual                      | 35140.00                     | 35140.00                     | 52,710.00                    | 52,710.00                    | 52,710.00                     | 70,280.00  | 70,280.00    | 87,850.00  | 87,850.00                | 87,850.00  | Incomplete App/No App |
|  | Monthly                     | 2928.00                      | 2928.00                      | 4,392.00                     | 4,392.00                     | 4,392.00                      | 5,856.00   | 5,856.00     | 7,320.00   | 7,320.00                 | 7,320.00   | Incomplete App/No App |
|  | Weekly                      | 675.00                       | 675.00                       | 1,012.50                     | 1,012.50                     | 1,012.50                      | 1,350.00   | 1,350.00     | 1,687.50   | 1,687.50                 | 1,687.50   | Incomplete App/No App |
| 6  | Annual                      | 40280.00                     | 40280.00                     | 60,420.00                    | 60,420.00                    | 60,420.00                     | 80,560.00  | 80,560.00    | 100,700.00 | 100,700.00               | 100,700.00 | Incomplete App/No App |
|  | Monthly                     | 3356.00                      | 3356.00                      | 5,034.00                     | 5,034.00                     | 5,034.00                      | 6,712.00   | 6,712.00     | 8,390.00   | 8,390.00                 | 8,390.00   | Incomplete App/No App |
|  | Weekly                      | 774.00                       | 774.00                       | 1,161.00                     | 1,161.00                     | 1,161.00                      | 1,548.00   | 1,548.00     | 1,935.00   | 1,935.00                 | 1,935.00   | Incomplete App/No App |
| 7  | Annual                      | 45420.00                     | 45420.00                     | 68,130.00                    | 68,130.00                    | 68,130.00                     | 90,840.00  | 90,840.00    | 113,550.00 | 113,550.00               | 113,550.00 | Incomplete App/No App |
|  | Monthly                     | 3785.00                      | 3785.00                      | 5,677.50                     | 5,677.50                     | 5,677.50                      | 7,570.00   | 7,570.00     | 9,462.50   | 9,462.50                 | 9,462.50   | Incomplete App/No App |
|  | Weekly                      | 873.00                       | 873.00                       | 1,309.50                     | 1,309.50                     | 1,309.50                      | 1,746.00   | 1,746.00     | 2,182.50   | 2,182.50                 | 2,182.50   | Incomplete App/No App |
| 8  | Annual                      | 50560.00                     | 50560.00                     | 75,840.00                    | 75,840.00                    | 75,840.00                     | 101,120.00 | 101,120.00   | 126,400.00 | 126,400.00               | 126,400.00 | Incomplete App/No App |
|  | Monthly                     | 4213.00                      | 4213.00                      | 6,319.50                     | 6,319.50                     | 6,319.50                      | 8,426.00   | 8,426.00     | 10,532.50  | 10,532.50                | 10,532.50  | Incomplete App/No App |
|  | Weekly                      | 972.00                       | 972.00                       | 1,458.00                     | 1,458.00                     | 1,458.00                      | 1,944.00   | 1,944.00     | 2,430.00   | 2,430.00                 | 2,430.00   | Incomplete App/No App |
| For each additional family member, add \$5,140 to annual income level. |                             |                              |                              |                              |                              |                               |            |              |            |                          |            |                       |
| Outpatient Rates   |                             |                              |                              |                              |                              |                               |            |              |            |                          |            |                       |
| Service Type   | FA00                        | FA01                         | FA02                         | FA03                         | FA04                         | NOCV                          |            |              |            |                          |            |                       |
| Ambulance (ALS)  | \$150                       | \$150                        | \$150                        | \$150                        | \$150                        | \$150                         |            |              |            |                          |            |                       |
| Ambulance (BLS)  | \$150                       | \$150                        | \$150                        | \$150                        | \$150                        | \$150                         |            |              |            |                          |            |                       |
| Emergency Room   | \$15 (see note 5)           | 20% of Medicaid APG          | 40% of Medicaid APG          | 60% of Medicaid APG          | 80% of Medicaid APG          | 100% of Medicaid APG          |            |              |            |                          |            |                       |
| Emergency Room Observation Rate  | \$150.00 per discharge      | 20% of Medicaid APG          | 40% of Medicaid APG          | 60% of Medicaid APG          | 80% of Medicaid APG          | 100% of Medicaid APG          |            |              |            |                          |            |                       |
| Dental Emergency (See Note 11)   | 5% of Medicaid APG          | 20% of Medicaid APG          | 40% of Medicaid APG          | 60% of Medicaid APG          | 80% of Medicaid APG          | 100% of Medicaid APG          |            |              |            |                          |            |                       |
| Medical Clinic Rates   | \$15 (see note 5)           | \$20                         | \$40                         | \$60                         | \$80                         | \$120                         |            |              |            |                          |            |                       |
| Mental Health Clinic Rate  | \$5                         | \$8                          | \$16                         | \$24                         | \$32                         | \$48                          |            |              |            |                          |            |                       |
| Mental Health Clinic Group Rate  | \$5                         | \$5                          | \$8                          | \$12                         | \$16                         | \$24                          |            |              |            |                          |            |                       |
| Nutrition Initial  | \$5                         | \$20                         | \$40                         | \$60                         | \$80                         | \$100                         |            |              |            |                          |            |                       |
| Nutrition Reassessment   | \$5                         | \$14                         | \$28                         | \$42                         | \$56                         | \$70                          |            |              |            |                          |            |                       |
| Nutrition Group (30 min)   | \$5                         | \$6                          | \$12                         | \$18                         | \$24                         | \$30                          |            |              |            |                          |            |                       |
| PT/OT/ST   | \$5                         | \$20                         | \$40                         | \$60                         | \$80                         | \$120                         |            |              |            |                          |            |                       |
| Chemo Therapy (see note 7)   | \$5                         | \$20                         | \$40                         | \$60                         | \$80                         | \$120                         |            |              |            |                          |            |                       |
| Referred Ambulatory  | 5% of Medicaid Fee Schedule | 20% of Medicaid Fee Schedule | 40% of Medicaid Fee Schedule | 60% of Medicaid Fee Schedule | 80% of Medicaid Fee Schedule | 100% of Medicaid Fee Schedule |            |              |            |                          |            |                       |
| PST / APST   | 5% of Medicaid Fee Schedule | 20% of Medicaid Fee Schedule | 40% of Medicaid Fee Schedule | 60% of Medicaid Fee Schedule | 80% of Medicaid Fee Schedule | 100% of Medicaid Fee Schedule |            |              |            |                          |            |                       |
| MRI  | \$150 per test              | 20% of Medicaid APG          | 40% of Medicaid APG          | 60% of Medicaid APG          | 80% of Medicaid APG          | 100% of Medicaid APG          |            |              |            |                          |            |                       |
| Amb Surgery (per procedure)  | \$150 per procedure         | 20% of Medicaid APG          | 40% of Medicaid APG          | 60% of Medicaid APG          | 80% of Medicaid APG          | 100% of Medicaid APG          |            |              |            |                          |            |                       |
| Inpatient Rates  |                             |                              |                              |                              |                              |                               |            |              |            |                          |            |                       |
| Acute Inpatient Services   | \$150.00 per discharge      | 20% of Medicaid Rate         | 40% of Medicaid Rate         | 60% of Medicaid Rate         | 80% of Medicaid Rate         | 100% of Medicaid Rate         |            |              |            |                          |            |                       |
| Psych Inpatient Services   | \$150.00 per discharge      | 20% of Medicaid Rate         | 40% of Medicaid Rate         | 60% of Medicaid Rate         | 80% of Medicaid Rate         | 100% of Medicaid Rate         |            |              |            |                          |            |                       |
| Normal Delivery  | \$150.00 per discharge      | 20% of Medicaid Rate         | 40% of Medicaid Rate         | 60% of Medicaid Rate         | 80% of Medicaid Rate         | 100% of Medicaid Rate         |            |              |            |                          |            |                       |
| C-Section Delivery   | \$150.00 per discharge      | 20% of Medicaid Rate         | 40% of Medicaid Rate         | 60% of Medicaid Rate         | 80% of Medicaid Rate         | 100% of Medicaid Rate         |            |              |            |                          |            |                       |
| Newborn (see note 6)   | \$150.00 per discharge      | 20% of Medicaid Rate         | 40% of Medicaid Rate         | 60% of Medicaid Rate         | 80% of Medicaid Rate         | 100% of Medicaid Rate         |            |              |            |                          |            |                       |
| Rehab I/P Services   | \$150.00 per discharge      | \$262 per diem               | \$524 per diem               | \$786 per diem               | \$1048 per diem              | \$1310 per diem               |            |              |            |                          |            |                       |

**NOTE:**

1. All rates for outpatient, inpatient and obstetrics services exclude anesthesia, DME, prescription drugs and/or physician fees.
2. For all FA plans: If total charges are less than the applicable % of Medicaid rate, the patient is only obligated to pay the the lesser of the two amounts associated with the designated Financial Aid Plan or NOCV - but never more than facility total charges.
3. Referred Ambulatory and PST/APST services not listed on Medicaid fee schedule will be billed at respective percentage of facility charge amounts for FA/NOCV patients.
4. If a patient cancels or is a no-show for an elective procedure and either the PST or APST was performed, the patient is financially responsible for those tests.  
The patient will be billed based on the applicable % of Medicaid rate associated with the patient's respective FA/NOCV plan, or % of total charges if Medicaid rate does not exist.
5. Per NYS-DOH regulations, patient/responsible party will not be charged or billed for prenatal or pediatric ER/Clinic services registered under FA00 plan.
6. Newborn rates will apply separately from mom. In the event of multiple births, individual rates will apply for each additional newborn.
7. Medically-Necessary Implants/Chemo Drugs: In the absence of a Medicaid fee schedule, patients are responsible for the designated % of COST associated with their respective FA/NOCV plan.
8. For all FA/NOCV plans, ROUTINE ancillary procedures are included in the clinic flat rate when ordered by facility physician at prior clinic visit.
9. When an FA/NOCV patient returns for their ROUTINE ancillary test on a different day, the insurance code FANV should be used for FA patients, and NONV for NOCV patients.
10. Services/Procedures that are not considered medically-necessary, and not reimbursed by Medicaid, are subject to Self-Pay rates at facility total charges.
11. Only emergency dental services are covered under the Financial Assistance Program. All other dental services are subject to Dental Self-Pay Fee Schedule.