

FINANCIAL AID GRID FOR FLUSHING HOSPITAL - UPDATED 01/14/26

| Financial Assistance Plan | | N/A | FA00 | FA01 | FA02 | FA03 | FA04 | NOCV/UNDERINSURED | | | | |
|---------------------------|---------|----------|---------------------|---------------|--------------|---------------|--------------|-------------------|------------|------------|------------|-----------------------|
| Federal Poverty Levels | | 100% | 200% or less | 201% To 250% | 251% To 300% | 301% To 350% | 351% To 400% | N/A | | | | |
| Family Size | Income | N/A | Less than/equal to: | Greater than: | Up to: | Greater than: | Up to: | N/A | | | | |
| 1 | Annual | 15960.00 | 31920.00 | 31920.00 | 39,900.00 | 39,900.00 | 47,880.00 | 47,880.00 | 55,860.00 | 55,860.00 | 63,840.00 | Incomplete App/No App |
| | Monthly | 1330.00 | 2660.00 | 2660.00 | 3,325.00 | 3,325.00 | 3,990.00 | 3,990.00 | 4,655.00 | 4,655.00 | 5,320.00 | Incomplete App/No App |
| | Weekly | 306.00 | 612.00 | 612.00 | 765.00 | 765.00 | 918.00 | 918.00 | 1,071.00 | 1,071.00 | 1,224.00 | Incomplete App/No App |
| 2 | Annual | 21640.00 | 43280.00 | 43280.00 | 54,100.00 | 54,100.00 | 64,920.00 | 64,920.00 | 75,740.00 | 75,740.00 | 86,560.00 | Incomplete App/No App |
| | Monthly | 1803.00 | 3606.00 | 3606.00 | 4,507.50 | 4,507.50 | 5,409.00 | 5,409.00 | 6,310.50 | 6,310.50 | 7,212.00 | Incomplete App/No App |
| | Weekly | 416.00 | 832.00 | 832.00 | 1,040.00 | 1,040.00 | 1,248.00 | 1,248.00 | 1,456.00 | 1,456.00 | 1,664.00 | Incomplete App/No App |
| 3 | Annual | 27320.00 | 54640.00 | 54640.00 | 68,300.00 | 68,300.00 | 81,960.00 | 81,960.00 | 95,620.00 | 95,620.00 | 109,280.00 | Incomplete App/No App |
| | Monthly | 2276.00 | 4552.00 | 4552.00 | 5,690.00 | 5,690.00 | 6,828.00 | 6,828.00 | 7,966.00 | 7,966.00 | 9,104.00 | Incomplete App/No App |
| | Weekly | 525.00 | 1050.00 | 1050.00 | 1,312.50 | 1,312.50 | 1,575.00 | 1,575.00 | 1,837.50 | 1,837.50 | 2,100.00 | Incomplete App/No App |
| 4 | Annual | 33000.00 | 66000.00 | 66000.00 | 82,500.00 | 82,500.00 | 99,000.00 | 99,000.00 | 115,500.00 | 115,500.00 | 132,000.00 | Incomplete App/No App |
| | Monthly | 2750.00 | 5500.00 | 5500.00 | 6,875.00 | 6,875.00 | 8,250.00 | 8,250.00 | 9,625.00 | 9,625.00 | 11,000.00 | Incomplete App/No App |
| | Weekly | 634.00 | 1268.00 | 1268.00 | 1,585.00 | 1,585.00 | 1,902.00 | 1,902.00 | 2,219.00 | 2,219.00 | 2,536.00 | Incomplete App/No App |
| 5 | Annual | 38680.00 | 77360.00 | 77360.00 | 96,700.00 | 96,700.00 | 116,040.00 | 116,040.00 | 135,380.00 | 135,380.00 | 154,720.00 | Incomplete App/No App |
| | Monthly | 3223.00 | 6446.00 | 6446.00 | 8,057.50 | 8,057.50 | 9,669.00 | 9,669.00 | 11,280.50 | 11,280.50 | 12,892.00 | Incomplete App/No App |
| | Weekly | 743.00 | 1486.00 | 1486.00 | 1,857.50 | 1,857.50 | 2,229.00 | 2,229.00 | 2,600.50 | 2,600.50 | 2,972.00 | Incomplete App/No App |
| 6 | Annual | 44360.00 | 88720.00 | 88720.00 | 110,900.00 | 110,900.00 | 133,080.00 | 133,080.00 | 155,260.00 | 155,260.00 | 177,440.00 | Incomplete App/No App |
| | Monthly | 3696.00 | 7392.00 | 7392.00 | 9,240.00 | 9,240.00 | 11,088.00 | 11,088.00 | 12,936.00 | 12,936.00 | 14,784.00 | Incomplete App/No App |
| | Weekly | 853.00 | 1706.00 | 1706.00 | 2,132.50 | 2,132.50 | 2,559.00 | 2,559.00 | 2,985.50 | 2,985.50 | 3,412.00 | Incomplete App/No App |
| 7 | Annual | 50040.00 | 100080.00 | 100080.00 | 125,100.00 | 125,100.00 | 150,120.00 | 150,120.00 | 175,140.00 | 175,140.00 | 200,160.00 | Incomplete App/No App |
| | Monthly | 4170.00 | 8340.00 | 8340.00 | 10,425.00 | 10,425.00 | 12,510.00 | 12,510.00 | 14,595.00 | 14,595.00 | 16,680.00 | Incomplete App/No App |
| | Weekly | 962.00 | 1924.00 | 1924.00 | 2,405.00 | 2,405.00 | 2,886.00 | 2,886.00 | 3,367.00 | 3,367.00 | 3,848.00 | Incomplete App/No App |
| 8 | Annual | 55720.00 | 111440.00 | 111440.00 | 139,300.00 | 139,300.00 | 167,160.00 | 167,160.00 | 195,020.00 | 195,020.00 | 222,880.00 | Incomplete App/No App |
| | Monthly | 4643.00 | 9286.00 | 9286.00 | 11,607.50 | 11,607.50 | 13,929.00 | 13,929.00 | 16,250.50 | 16,250.50 | 18,572.00 | Incomplete App/No App |
| | Weekly | 1071.00 | 2142.00 | 2142.00 | 2,677.50 | 2,677.50 | 3,213.00 | 3,213.00 | 3,748.50 | 3,748.50 | 4,284.00 | Incomplete App/No App |

For families/households with more than 8 persons, add \$5,680 for each additional person.

Outpatient Rates

| Service Type | N/A | FA00 | FA01 | FA02 | FA03 | FA04 | NOCV/UNDERINSURED |
|---------------------------------|-----|------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------|
| Ambulance (BLS) | N/A | \$0 | \$13 | \$26 | \$39 | \$52 | Total Charges/Acct Balance |
| Ambulance (ALS1) | N/A | \$0 | \$15 | \$30 | \$45 | \$60 | Total Charges/Acct Balance |
| Ambulance (ALS2) | N/A | \$0 | \$22 | \$44 | \$66 | \$88 | Total Charges/Acct Balance |
| Medical Emergency Room | N/A | \$0 | 5% Medicaid APG/Ins Cost-Sharing | 10% Medicaid APG/Ins Cost-Sharing | 15% Medicaid APG/Ins Cost-Sharing | 20% Medicaid APG/Ins Cost-Sharing | Total Charges/Acct Balance |
| Emergency Room Observation Rate | N/A | \$0 | 5% Medicaid APG/Ins Cost-Sharing | 10% Medicaid APG/Ins Cost-Sharing | 15% Medicaid APG/Ins Cost-Sharing | 20% Medicaid APG/Ins Cost-Sharing | Total Charges/Acct Balance |
| Dental Emergency (See Note 11) | N/A | \$0 | 5% Medicaid APG/Ins Cost-Sharing | 10% Medicaid APG/Ins Cost-Sharing | 15% Medicaid APG/Ins Cost-Sharing | 20% Medicaid APG/Ins Cost-Sharing | Total Charges/Acct Balance |
| Medical Clinic Rates | N/A | \$0 | \$5 | \$10 | \$15 | \$20 | Total Charges/Acct Balance |
| Mental Health Clinic Rate | N/A | \$0 | \$2 | \$4 | \$6 | \$8 | Total Charges/Acct Balance |
| Mental Health Clinic Group Rate | N/A | \$0 | \$1 | \$2 | \$3 | \$5 | Total Charges/Acct Balance |
| Nutrition Initial | N/A | \$0 | \$5 | \$10 | \$15 | \$20 | Total Charges/Acct Balance |
| Nutrition Reassessment | N/A | \$0 | \$3 | \$6 | \$9 | \$12 | Total Charges/Acct Balance |
| Nutrition Group (30 min) | N/A | \$0 | \$2 | \$4 | \$6 | \$8 | Total Charges/Acct Balance |
| PT/OT/ST | N/A | \$0 | \$5 | \$10 | \$15 | \$20 | Total Charges/Acct Balance |
| Chemo Therapy (see note 7) | N/A | \$0 | \$5 | \$10 | \$15 | \$20 | Total Charges/Acct Balance |
| Referred Ambulatory | N/A | \$0 | 5% MCD Fee Sched/Ins Cost-Sharing | 10% MCD Fee Sched/Ins Cost-Sharing | 15% MCD Fee Sched/Ins Cost-Sharing | 20% MCD Fee Sched/Ins Cost-Sharing | Total Charges/Acct Balance |
| PST / APST | N/A | \$0 | 5% MCD Fee Sched/Ins Cost-Sharing | 10% MCD Fee Sched/Ins Cost-Sharing | 15% MCD Fee Sched/Ins Cost-Sharing | 20% MCD Fee Sched/Ins Cost-Sharing | Total Charges/Acct Balance |
| MRI | N/A | \$0 | 5% MCD Fee Sched/Ins Cost-Sharing | 10% MCD Fee Sched/Ins Cost-Sharing | 15% MCD Fee Sched/Ins Cost-Sharing | 20% MCD Fee Sched/Ins Cost-Sharing | Total Charges/Acct Balance |
| Amb Surgery (per procedure) | N/A | \$0 | 5% Medicaid APG/Ins Cost-Sharing | 10% Medicaid APG/Ins Cost-Sharing | 15% Medicaid APG/Ins Cost-Sharing | 20% Medicaid APG/Ins Cost-Sharing | Total Charges/Acct Balance |

Inpatient Rates

| | | | | | | | |
|--------------------------|-----|-----|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------|
| Acute Inpatient Services | N/A | \$0 | 5% Medicaid Rate/Ins Cost-Sharing | 10% Medicaid Rate/Ins Cost-Sharing | 15% Medicaid Rate/Ins Cost-Sharing | 20% Medicaid Rate/Ins Cost-Sharing | Total Charges/Acct Balance |
| Psych Inpatient Services | N/A | \$0 | 5% Medicaid Rate/Ins Cost-Sharing | 10% Medicaid Rate/Ins Cost-Sharing | 15% Medicaid Rate/Ins Cost-Sharing | 20% Medicaid Rate/Ins Cost-Sharing | Total Charges/Acct Balance |
| Normal Delivery | N/A | \$0 | 5% Medicaid Rate/Ins Cost-Sharing | 10% Medicaid Rate/Ins Cost-Sharing | 15% Medicaid Rate/Ins Cost-Sharing | 20% Medicaid Rate/Ins Cost-Sharing | Total Charges/Acct Balance |
| C-Section Delivery | N/A | \$0 | 5% Medicaid Rate/Ins Cost-Sharing | 10% Medicaid Rate/Ins Cost-Sharing | 15% Medicaid Rate/Ins Cost-Sharing | 20% Medicaid Rate/Ins Cost-Sharing | Total Charges/Acct Balance |
| Newborn (see note 6) | N/A | \$0 | 5% Medicaid Rate/Ins Cost-Sharing | 10% Medicaid Rate/Ins Cost-Sharing | 15% Medicaid Rate/Ins Cost-Sharing | 20% Medicaid Rate/Ins Cost-Sharing | Total Charges/Acct Balance |
| Rehab I/P Services | N/A | \$0 | \$66 | \$132 per diem | \$198 per diem | \$264 per diem | Total Charges/Acct Balance |

NOTE:

- All rates for outpatient, inpatient and obstetrics services exclude anesthesia, DME, prescription drugs and/or physician fees.
- For all FA plans: If total charges are less than the applicable % of Medicaid/Insurance rate, the patient is only obligated to pay the the lesser of the two amounts associated with the designated Financial Aid Plan.
- Referred Ambulatory and PST/APST services not listed on Medicaid/Insurance fee schedule, will be billed at respective percentage of facility charge amounts for FA patients.
- 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, or Insurance cost-sharing amount, associated with the patient's respective FA plan, or % of total charges if Medicaid/Insurance rate does not exist.
- Newborn rates will apply separately from mom. In the event of multiple births, individual rates will apply for each additional newborn.
- Medically-Necessary Implants/Chemo Drugs: In the absence of a Medicaid/Insurance fee schedule, patients are responsible for the designated % of COST associated with their respective FA plan.
- For all FA plans, ROUTINE ancillary procedures are included in the clinic flat rate when ordered by facility physician at prior clinic visit.
- When an FA patient returns for their ROUTINE ancillary test on a different day, the insurance code FANV should be used for FA patients.
- Services/Procedures that are not considered medically-necessary, and not reimbursed by Medicaid/Insurance, are subject to Self-Pay rates at facility total charges.
- Only emergency dental services are covered under the Financial Aid Program. All other dental services are subject to Dental Self-Pay Fee Schedule.
- For FA rates that calculate to an amount less than the flat FA00 amount for a procedure/service, the patient will be responsible to pay the flat FA00 amount for the same procedure/service.