

FINANCIAL-AID CRITERIA

Rhode Island Hospital is proud of its commitment to provide quality care to all who need it. Rhode Island Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Rhode Island Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,1200	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
<i>Outpatient % Discount</i>		FREE	90%	81%
<i>Inpatient % Discount</i>		FREE	80% of DRG	60 % of DRG
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Advocate at 444-7850.

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2023

FINANCIAL-AID CRITERIA

The Miriam Hospital is proud of its commitment to provide quality care to all who need it. The Miriam Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. The Miriam Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:			<200%	201%-300%	300%+
<i>Outpatient % Discount</i>			FREE	90%	80%
<i>Inpatient % Discount</i>			FREE	80% of DRG	60 % of DRG
Family Size	Federal Poverty Level	Income Up To	Income Over		
1	\$14,580.00	\$29,160	\$43,740	\$43,740	
2	\$19,720.00	\$39,440	\$59,160	\$59,160	
3	\$24,860.00	\$49,720	\$74,580	\$74,580	
4	\$30,000.00	\$60,000	\$90,000	\$90,000	
5	\$35,140.00	\$70,280	\$105,420	\$105,420	
6	\$40,280.00	\$80,560	\$120,840	\$120,840	
7	\$45,420.00	\$90,840	\$136,260	\$136,260	
8	\$50,560.00	\$101,120	\$151,680	\$151,680	
9	\$55,700.00	\$111,400	\$167,100	\$167,100	
10	\$60,840.00	\$121,680	\$182,520	\$182,520	
Plus \$X for each additional family member		\$5,140	\$10,280		

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Advocate at 401-793-2206.

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2023

FINANCIAL-AID CRITERIA

Bradley Hospital is proud of its commitment to provide quality care to all who need it. Bradley Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Bradley Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:				
		<200%	201%-300%	300%+
	<i>Outpatient % Discount</i>	FREE	90%	63%
Family Size	Federal Poverty Level	Income Up To	Income Over	
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member	\$5,140	\$10,280		

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for

Financial-Aid, please contact a Patient Financial Service Representative at 444-6526.

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2023

FINANCIAL-AID CRITERIA

Newport Hospital is proud of its commitment to provide quality care to all who need it. Newport Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Newport Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
<i>Outpatient % Discount</i>		FREE	90%	81%
<i>Inpatient % Discount</i>		FREE	80% of DRG	60 % of DRG
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Advocate at 401-864-6400.

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2023

FINANCIAL-AID CRITERIA

Gateway Healthcare, Inc. is proud of its commitment to provide quality care to all who need it.

Gateway Healthcare, Inc. provides financial aid to patients without health insurance and who may not be able to pay for their care. Gateway Healthcare, Inc. also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
	<i>Outpatient % Discount</i>	FREE	90%	63%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at 444-6526. If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2023

FINANCIAL-AID CRITERIA

Lifespan Physician Group is proud of its commitment to provide quality care to all who need it. Lifespan Physician Group provides financial aid to patients without health insurance and who may not be able to pay for their care. Lifespan Physician Group also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
<i>Outpatient % Discount</i>		FREE	90%	71%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at 444-7850 or 793-2209 or 864-6400.

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January, 2023

FINANCIAL-AID CRITERIA

Lifespan Physician Group UC is proud of its commitment to provide quality care to all who need it. Lifespan Physician Group UC provides financial aid to patients without health insurance and who may not be able to pay for their care. Lifespan Physician Group UC also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
<i>Outpatient % Discount</i>		FREE	90%	50%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at 444-7850 or 793-2209 or 864-6400.
If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective January 2023

FINANCIAL-AID CRITERIA

Coastal Group is proud of its commitment to provide quality care to all who need it. Coastal Group provides financial aid to patients without health insurance and who may not be able to pay for their care. Coastal Group also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

FULL CHARITY CARE

We provide hospital care without charge to uninsured Rhode Island residents with income less than:

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.

PARTIAL CHARITY CARE

We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:

% Based on Federal Poverty Level, at or below:		<200%	201%-300%	300%+
<i>Outpatient % Discount</i>		FREE	90%	33%
Family Size	Federal Poverty Level	Income Up To		Income Over
1	\$14,580.00	\$29,160	\$43,740	\$43,740
2	\$19,720.00	\$39,440	\$59,160	\$59,160
3	\$24,860.00	\$49,720	\$74,580	\$74,580
4	\$30,000.00	\$60,000	\$90,000	\$90,000
5	\$35,140.00	\$70,280	\$105,420	\$105,420
6	\$40,280.00	\$80,560	\$120,840	\$120,840
7	\$45,420.00	\$90,840	\$136,260	\$136,260
8	\$50,560.00	\$101,120	\$151,680	\$151,680
9	\$55,700.00	\$111,400	\$167,100	\$167,100
10	\$60,840.00	\$121,680	\$182,520	\$182,520
Plus \$X for each additional family member		\$5,140	\$10,280	

Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.

To find out if you qualify for Financial-Aid, please contact a Patient Financial Service Representative at 444-7850 or 793-2209 or 864-6400.

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.