

Financial Assistance Scale 2018

Christiana Care Health Services will extend a 100 percent financial assistance adjustment to medical services provided to patients who meet the income thresholds based on family size (see below). Proof of income, number of household members, resident status as well as supporting documentation is required before a financial assistance adjustment will be made.

In addition, all commercial, federal or state-sponsored insurances must be provided and billed prior to Christiana Care Health Services applying financial assistance.

All applications will be processed in accordance with the Patient Financial Services' Financial Assistance Program.

The financial assistance application is available in patient registration areas; at our Corporate Finance Office at 200 Hygeia Drive, Newark, DE; online at www.christianacare.org/documents/Financial-Assistance-Program.pdf; or by calling 302-623-7440.

The household income and household member thresholds noted below reflect 200 percent of the current Hill-Burton Federal Poverty Scale. This scale is updated annually. To qualify for financial assistance, a patient's income must be below the household limit that corresponds with the number of members in their household.

If you have questions, please contact our Customer Service team at 302-623-7440.

Persons	Household Income
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

Add \$8,640 for each additional family member over eight persons.