

THE CHILDREN'S MERCY HOSPITAL
 FINANCIAL ASSISTANCE INCOME GUIDELINES
Effective February 22, 2017

FAMILY SIZE	INCOME	ELIGIBLE FOR ASSISTANCE	NOT ELIGIBLE FOR ASSISTANCE
1	ANNUAL	0-36,180	36,181+
	MONTHLY	0- 3,015	3,016+
2	ANNUAL	0-48,720	48,721+
	MONTHLY	0-4,060	4,061+
3	ANNUAL	0-61,260	61,261+
	MONTHLY	0-5,105	5,106+
4	ANNUAL	0-73,800	73,801+
	MONTHLY	0-6,150	6,151+
5	ANNUAL	0-86,340	86,341+
	MONTHLY	0-7,195	7,196+
6	ANNUAL	0-98,880	98,881+
	MONTHLY	0-8,240	8,241+
7	ANNUAL	0-111,420	111,421+
	MONTHLY	0-9,285	9,286+
8	ANNUAL	0-123,960	123,961+
	MONTHLY	0-10,330	10,331+
Each add '1 person	\$4,180.00		

Date Revised 2/20/17