

THE CHILDREN'S MERCY HOSPITAL
 FINANCIAL ASSISTANCE INCOME GUIDELINES
Effective February 01, 2018

FAMILY SIZE	INCOME	ELIGIBLE FOR ASSISTANCE	NOT ELIGIBLE FOR ASSISTANCE
1	ANNUAL	0-36,420	36,421+
	MONTHLY	0- 3,035	3,036+
2	ANNUAL	0-49,380	49,381+
	MONTHLY	0-4,115	4,116+
3	ANNUAL	0-62,340	62,341+
	MONTHLY	0-5,195	5,196+
4	ANNUAL	0-75,300	75,301+
	MONTHLY	0-6,275	6,276+
5	ANNUAL	0-88,260	88,261+
	MONTHLY	0-7,355	7,356+
6	ANNUAL	0-101,220	101,221+
	MONTHLY	0-8,435	8,436+
7	ANNUAL	0-114,180	114,181+
	MONTHLY	0-9,515	9,516+
8	ANNUAL	0-127,140	127,141+
	MONTHLY	0-10,595	10,596+
Each add '1 person	\$4,180.00		

Date Revised 2/20/17;1/30/18