

2025 BRADFORD REGIONAL MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM INCOME GUIDELINES

Kaleida Health is committed to providing financial assistance to those patients that suffer from financial hardships. Financial Assistance is available to patients based on the following income and family size guidelines as determined by the Federal Poverty Level (FPL) regulations as published by The Department of Health and Human Services (HHS).

Size of Family:	Family Income Up To:		
FPL LEVEL	200%	300%	400%
1	\$31,300.00	\$46,950.00	\$62,600.00
2	\$42,300.00	\$63,450.00	\$84,600.00
3	\$53,300.00	\$79,950.00	\$106,600.00
4	\$64,300.00	\$96,450.00	\$128,600.00
5	\$75,300.00	\$112,950.00	\$150,600.00
6	\$86,300.00	\$129,450.00	\$172,600.00
7	\$97,300.00	\$145,950.00	\$194,600.00
8	\$108,300.00	\$162,450.00	\$216,600.00
Each add'l person add:	\$11,000	\$16,500	\$22,000
Discount on Charges	100%	90%	80%
Patient Share	0%	10%	20%