

Munising Memorial Hospital
SLIDING FEE SCALE - FINANCIAL ASSISTANCE
 Based on 2017 Federal Poverty Guidelines

Family Size	100% Discount		80% Discount		60% Discount		40% Discount		20% Discount	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$12,060	\$12,061	\$15,075	\$15,076	\$18,090	\$18,091	\$21,105	\$21,106	\$24,120
2	\$0	\$16,200	\$16,201	\$20,250	\$20,251	\$24,300	\$24,301	\$28,350	\$28,351	\$32,400
3	\$0	\$20,340	\$20,341	\$25,425	\$25,426	\$30,510	\$30,511	\$35,595	\$35,596	\$40,680
4	\$0	\$24,480	\$24,481	\$30,600	\$30,601	\$36,720	\$36,721	\$42,840	\$42,841	\$48,960
5	\$0	\$28,620	\$28,621	\$35,775	\$35,776	\$42,930	\$42,931	\$50,085	\$50,086	\$57,240
6	\$0	\$32,760	\$32,761	\$40,950	\$40,951	\$49,140	\$49,141	\$57,330	\$57,331	\$65,520
7	\$0	\$36,910	\$36,911	\$46,138	\$46,139	\$55,365	\$55,366	\$64,593	\$64,594	\$73,820
8	\$0	\$41,070	\$41,071	\$51,338	\$51,339	\$61,605	\$61,606	\$71,873	\$71,874	\$82,140
9	\$0	\$45,240	\$45,241	\$56,550	\$56,551	\$67,860	\$67,861	\$79,170	\$79,171	\$90,480
10	\$0	\$49,420	\$49,421	\$61,775	\$61,776	\$74,130	\$74,131	\$86,485	\$86,486	\$98,840
% of Poverty	100%		125%		150%		175%		200%	

**Michigan Medicaid Expansion Mandated
 Uninsured Payment Discount 40%***

Family Size	Above	Below	Above	Below
1	\$0	\$16,040	\$16,041	\$30,150
2	\$0	\$21,546	\$21,547	\$40,500
3	\$0	\$27,052	\$27,053	\$50,850
4	\$0	\$32,558	\$32,559	\$61,200
5	\$0	\$38,065	\$38,066	\$71,550
6	\$0	\$43,571	\$43,572	\$81,900
7	\$0	\$49,090	\$49,091	\$92,275
8	\$0	\$54,623	\$54,624	\$102,675
9	\$0	\$60,169	\$60,170	\$113,100
10	\$0	\$65,729	\$65,730	\$123,550
% of Poverty	133%		250%	
	Apply for Medicaid		Eligible for Discount	

Applies to HOSPITAL charges beginning 1/1/17 only.

Michigan Medicaid Expansion mandates that we accept as payment in full 115% of our Medicare rate from UNINSURED patients whose household income is less than 250% of the Federal Poverty Guidelines. To receive the current payment discount of 40% you must complete an application form.

** Discount shown applies to outpatient services; inpatient discount will be calculated as needed.*

**Michigan Presumptive Eligibility (MPE)
 Pregnant Women/Children Under Age 19**

Family Size	Above	Below	Above	Below
1	\$0	\$19,296	\$0	\$23,517
2	\$0	\$25,920	\$0	\$31,590
3	\$0	\$32,544	\$0	\$39,663
4	\$0	\$39,168	\$0	\$47,736
5	\$0	\$45,792	\$0	\$55,809
6	\$0	\$52,416	\$0	\$63,882
7	\$0	\$59,056	\$0	\$71,975
8	\$0	\$65,712	\$0	\$80,087
9	\$0	\$72,384	\$0	\$88,218
10	\$0	\$79,072	\$0	\$96,369
% of Poverty	160%		195%	
	Children Under 19		Pregnant Women	

If a patient's household income falls within the amounts shown, please contact the MPE screener.