

SMP Health - St. Aloisius
Caring Program Could Help You Save Up To 100% On Your Bill

The Caring Program may assist you financially with your bills at our facilities if you meet federal guidelines.

Please fill in the front and back of the first sheet and sign your name(s) where indicated at the bottom of the back page. Please attach a copy of your most current Federal Income Tax form. Per Federal guidelines, if you did not file income taxes, please fill out the 4506-T Request for Transcript of Tax Return form and sign your name(s) at the bottom as indicated. Please include proof of Medicaid denial and Medicaid Expansion denial. (1st Step & must be done!!)

Please mail requested information with the application form to Business Office at SMP Health - St. Aloisius. Please call the Business office or come to the hospital business office if you have any questions. Thank you.

SMP Health - St. Aloisius
 Policy and Procedure
Caring (Charity) Program
 2025 HHS Poverty Guidelines
 (Effective 1-20-2022)

Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	0% pay	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$35,213
2	\$21,150	\$26,437	\$31,725	\$37,013	\$42,300	\$47,588
3	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$59,963
4	\$32,150	\$40,188	\$48,225	\$56,263	\$64,300	\$72,338
5	\$37,650	\$47,063	\$56,475	\$65,888	\$75,300	\$84,713
6	\$43,150	\$53,938	\$64,725	\$75,513	\$86,300	\$97,087
7	\$48,650	\$60,813	\$72,975	\$85,138	\$97,300	\$109,462
8	\$54,150	\$67,688	\$81,225	\$94,763	\$108,300	\$121,838

***** More than eight (8) members in the family, add \$4,540 for each additional person**

SOURCE: aspe.hhs.gov; updated 1/01/2025