

**SMP Health – St. Andrew’s
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.

Please mail requested information with the application form to Maggie at SMP Health – St Andrew’s. Please call Maggie at 701-228-9385 or come to the hospital business office if you have any questions. Thank you.

SMP Health – St. Andrew’s

Policy and Procedure

Caring (Charity) Program

2021 HHS Poverty Guidelines

(Effective 1-13-2021)

Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	0% pay	20% pay	40% pay	60% pay	80% pay	100% pay
1	12,880	16,100	17,655	22,540	25,760	25,761
2	17,420	21,775	26,130	30,485	34,840	34,841
3	21,960	27,450	32,940	38,430	43,920	43,921
4	26,500	33,125	39,750	46,375	53,000	53,001
5	31,040	38,800	46,560	54,320	62,080	62,081
6	35,580	44,475	53,370	62,265	71,160	71,161
7	40,120	50,150	60,180	70,210	80,240	80,241
8	44,660	55,825	66,990	78,155	89,320	89,321

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

SOURCE: aspe.hhs.gov; updated 1/15/2021, 10/4/2021