

**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
2024 HHS Poverty Guidelines
(Effective 1-20-2024)

Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	0% pay	20% pay	40% pay	60% pay	80% pay	100% pay
1	15,060	18,825	22,590	26,355	30,120	30,121
2	20,440	25,550	30,660	35,770	40,880	40,881
3	25,820	32,275	38,730	45,185	51,640	51,641
4	31,200	39,000	46,800	54,600	62,400	62,401
5	36,580	45,725	54,870	64,015	73,160	73,161
6	41,960	52,450	62,940	73,430	83,920	83,921
7	47,340	59,175	71,010	82,845	94,680	94,681
8	52,720	65,900	79,080	92,260	105,440	105,441

***** More than eight (8) members in the family, add \$5,380 for each additional person**

SOURCE: aspe.hhs.gov; updated 2/2/2024