

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 Brianna at SMP Health – St Andrew’s. Please call Brianna at 701-228-9367 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
 2025 HHS Poverty Guidelines
 (Effective 1-20-2025)

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	31,301
2	21,150	26,438	31,725	37,013	42,300	42,301
3	26,650	33,313	39,975	46,638	53,300	53,301
4	32,150	40,188	48,225	56,263	64,300	64,301
5	37,650	47,063	56,475	65,888	75,300	75,301
6	43,150	53,938	64,725	75,513	86,300	86,301
7	48,650	60,813	72,975	85,138	97,300	97,301
8	54,150	67,688	81,225	94,763	108,300	108,301

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

SOURCE: aspe.hhs.gov; updated 1/20/2025