MORTON COUNTY
HEALTH SYSTEM ♥ WE CARE

- Any evidence of public assistance or denial of public assistance
- Evidence of any unemployment or workers compensation payments received in currentyear-

You must fall within the poverty income guidelines established by the federal government as shown below.

2026 Federal Poverty Guidelines (FPG)

Family or Household size	100% FPG	200% FPG	250% FPG	300% FPG	350% FPG	400% FPG
	Free Care	Free Care	80% Discount	70% Discount	60% Discount	50% Discount**
1	15,960	31,920	39,900	47,880	55,860	63,840
2	21,640	43,280	54,100	64,920	75,740	86,560
3	27,320	54,640	68,300	81,960	95,620	109,280
4	33,000	66,000	82,500	99,000	115,500	132,000
5	38,680	77,360	96,700	116,040	135,380	154,720
6	44,360	88,720	110,900	133,080	155,260	177,440
7	50,040	100,080	125,100	150,120	175,140	200,160
8	55,720	111,440	139,300	167,160	195,020	222,880

*Add $5,680 for each additional person above household 8 household occupants.

**The foregoing discount percentage has been established in a manner intended to comply with applicable Federal law, which provides that the Hospital may not bill a patient eligible for charity care/financial assistance more that the amounts generally billed ("AGB") by the hospital patients who have insurance covering such care. The hospital has calculated its AGB and considered amounts paid by Medicare and commercial payers

If you have any questions regarding the charity care application, please feel free to call or come by Morton County Health System and speak with the business office. Office hours are 8:00 a.m to 5:00 p. m. Monday-Friday.

MORTON COUNTY
HEALTH SYSTEM WE CARE

Debe cumplir con los criterios de ingresos por pobreza establecidos por el gobierno federal, tal como se indica a continuación.

2026 Pautas Federales de Pobreza (FPG)

Tamaño de familia o del hogar	100% FPG	200% FPG	250% FPG	300% FPG	350% FPG	400% FPG
	Atención Gratuita	Atención Gratuita	80% Descuento	70% Descuento	60% Descuento	50% Descuento**
1	15,960	31,920	39,900	47,880	55,860	63,840
2	21,640	43,280	54,100	64,920	75,740	86,560
3	27,320	54,640	68,300	81,960	95,620	109,280
4	33,000	66,000	82,500	99,000	115,500	132,000
5	38,680	77,360	96,700	116,040	135,380	154,720
6	44,360	88,720	110,900	133,080	155,260	177,440
7	50,040	100,080	125,100	150,120	175,140	200,160
8	55,720	111,440	139,300	167,160	195,020	222,880

*Sume $5,680 por cada persona adicional que exceda los 8 ocupantes del hogar.

**El porcentaje de descuento mencionado se ha establecido con el fin de cumplir con la legislación federal aplicable, la cual dispone que el hospital no puede facturar a un paciente elegible para atención benéfica o asistencia financiera una cantidad superior a los importes generalmente facturados (AGB, por sus siglas en inglés) a los pacientes que cuentan con seguro para dicha atención. El hospital ha calculado sus AGB y ha tenido en cuenta los importes abonados por Medicare y por aseguradoras comerciales.

Si tiene alguna pregunta sobre la solicitud de asistencia benéfica, no dude en llamar o acudir a Morton County Health System para hablar con la oficina administrativa. El horario de atención es de lunes a viernes, de 8:00 a. m. a 5:00 p. m.