

## 2025 Wyandot Memorial Hospital Financial Assistance

2025 Family Size and Income Scale      **Add \$5,500 For Each Additional Person Over 8 (Yearly Gross Income)**

**Effective 1/1/2025**

Persons in Family/ Household	Poverty Guideline 100% - for HCAP	Poverty Guideline 200% - Full Charity Care	Poverty Guideline 300% - 75% Charity Care	Poverty Guideline 400%-Half Charity Care
1	\$15,650	\$31,300	\$46,950	\$62,600
2	\$21,150	\$42,300	\$63,450	\$84,600
3	\$26,650	\$53,300	\$79,950	\$106,600
4	\$32,150	\$64,300	\$96,450	\$128,600
5	\$37,650	\$75,300	\$112,950	\$150,600
6	\$43,150	\$86,300	\$129,450	\$172,600
7	\$48,650	\$97,300	\$145,950	\$194,600
8	\$54,150	\$108,300	\$162,450	\$216,600