

EXHIBIT 1

Financial Assistance Guidelines

2020 Federal Poverty Guidelines (FPG)

Family or Household Size	100% FPG	150% FPG	200% FPG	250% FPG	300% FPG	400% FPG
	<i>Free Care</i>	<i>70% Discount</i>	<i>60% Discount</i>	<i>50% Discount</i>	<i>40% Discount</i>	<i>30% Discount</i>
1	\$12,760	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	17,240	25,860	34,480	43,100	51,720	68,960
3	21,720	32,580	43,440	54,300	65,160	86,880
4	26,200	39,300	52,400	65,500	78,600	104,800
5	30,680	46,020	61,360	76,700	92,040	122,720
6	35,160	52,740	70,320	87,900	105,480	140,640
7	39,640	59,460	79,280	99,100	118,920	158,560
8*	44,120	66,180	88,240	110,300	132,360	176,480

* Add \$4,480 for each additional person above 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 financial assistance more than the amounts generally billed (“AGB”) by the Hospital to patients who have insurance covering such care. The Hospital has calculated its AGB using the look-back method set forth in applicable Treasury Regulations, considering amounts paid by Medicare and commercial payors.

There is a minimum \$10 fee on any clinic visit that is approved for this financial assistance.

The Hospital will recalculate its AGB periodically (and at least annually) and, based thereon, may adjust the discount percentages set forth above. Any such adjustments will be effectuated through a revision to this **Addendum 3**.

Signed: _____