

FINANCIAL ASSISTANCE PROGRAM PLAIN LANGUAGE SUMMARY-2026

200%	Family Size	Annual Income
	1	\$ 31,920.00
	2	\$ 43,280.00
	3	\$ 54,640.00
	4	\$ 66,000.00
	5	\$ 77,360.00
	6	\$ 88,720.00
	7	\$ 100,080.00
	8	\$ 111,440.00

\$4540. for each person in household over 8 persons

RHODE ISLAND RESIDENT

Individual whose primary permanent residence is within the state of Rhode Island, regardless of citizenship or immigration status. A Rhode Island license or other government issued card with address for verification or a copy of a utility bill will serve as proof of residency.

FAMILY SIZE

Listing of all dependents. Family members must receive at least 50% of their support from the responsible party to be included in the family size calculation. Proof of support includes the family member being listed on the prior year's tax return as a dependent, canceled checks, or copies of money orders for support expenses. A family unit is further defined as a group of two or more persons related by birth, adoption, marriage or other legal means who either live together or who live apart and are claimed as dependents.

INCOME

Proof of Income is required. Acceptable proof is all three documents listed below:

- Current Federal Income Tax Return*
- Copies of Current Paychecks -Three consecutive Months
- Bank Statements – Three consecutive months.

Income to report – Income of all wage earners in the household is to be reported. If you are a dependent who is claimed on another family member's income tax then we require that income to be reported on the application with proof of the reported income.

Income is defined as:

- Salaries/Wages
- Temporary disability
- Self-employment income
- Child support
- Child care Income
- Alimony
- Rental Income
- Veteran's benefits
- Unemployment compensation
- Social security Payments
- Dividend Income
- Net lottery winning
- Interest Income
- Workers compensation
- Royalties
- Onetime insurance payment
- Private and public pensions

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- Injury compensation received in the calendar year in which the financial aid is sought
 - Public assistance
 - Strike benefits

NO INCOME

The following is required for applicants who state they have no income:

- A Letter from unemployment stating that the patient is not eligible to receive benefits or that benefits have been exhausted.
- A letter from person who supplies food and lodging for applicant. Must state how long the person has been providing this, must be signed, dated and notarized.
- Letter from applicant explaining their situation when last employed, why no longer employed and when they expect to be employed.

ASSET PROTECTION THRESHOLD

Asset protection Threshold is the maximum amounts of assets that may be held and still allow the patient/guarantor to be eligible for financial assistance. The asset protection threshold for 2025 is \$9,400-\$9659.00 for singles and \$14,100.00-\$14,488.00 for family units.

Assets are defined as cash, cash-equivalents and other hard assets that can be converted into cash including; cash on hand, savings accounts, checking accounts, certificate of deposit (CD's), money market accounts, stocks (common and preferred), bonds, mutual funds, IRA's 401(k)s, 403(b)s, 457s, cash in value of life Insurance policies, personal property, motor vehicle other than for personal use, second homes and rental properties. Excluded from assets are primary residence and motor vehicle for personal use.

ELIGIBILITY

Financial Assistance is available to **uninsured** low-income Rhode Island resident's ineligible for state, federal or employer sponsored health insurance.

The initial eligibility period is six months. Each patient will have to re-apply at the end of each six-month period for financial assistance. If there is a change in financial circumstances during the initial or subsequent six-month period, such as income or family status, an updated or new application must be completed.

The financial assistance program shall cover all Inpatient and Outpatient medical services routinely billed by South County Hospital Health Care System and that are covered under the Rhode Island Medicaid program. **The Financial Assistance Program doesn't not cover charges incurred by Adapt Health Surgical Supply, Emergency Physician Associates of New England (Team Health), Rhode Island Medical Imaging, and anesthesiology charges.**

If approved, the hospital will apply 100 Percentage discount and therefore, will not require the amounts generally billed for medically necessary care to be calculated.

Patients who falsify the information provided on the financial assistance application will no longer be eligible for the program and will be held responsible for all charges incurred while enrolled in the program retroactively to the first day that charges were incurred under the program.

Completed charity care application should be submitted to the Patient Financial Advocacy office at South County Health, 100 Kenyon Ave, Wakefield, RI 02879 They can also be reached at 401-788-1383.