

**LOWER UMPQUA HOSPITAL**  
**(541) 271-2171**  
**2007 - 2008 Uncompensated Services Sliding Fee Schedule**

Family Size	Monthly Income*	Monthly Income	Monthly Income
1	\$0 - \$1,276	\$1,277 - \$1,489	\$1,490 - \$1,702
2	\$0 - \$1,711	\$1,712 - \$1,996	\$1,997 - \$2,282
3	\$0 - \$2,146	\$2,147 - \$2,504	\$2,505 - \$2,862
4	\$0 - \$2,581	\$2,582 - \$3,011	\$3,012 - \$3,442
5	\$0 - \$3,016	\$3,017 - \$3,519	\$3,520 - \$4,022
6	\$0 - \$3,451	\$3,452 - \$4,026	\$4,027 - \$4,602
7	\$0 - \$3,886	\$3,887 - \$4,534	\$4,535 - \$5,182
8	\$0 - \$4,321	\$4,322 - \$5,041	\$5,042 - \$5,762

**Discount = 100% of Charges**  
Level A

**Discount = 75% of Charges**  
Level B

**Discount = 50% of Charges**  
Level C

**Match your family size to your monthly income to see how much of a discount you qualify for:**  
*For example, a family of 4 with a monthly income of \$2,581 (\$30,972 per year) qualifies for a 100% discount.*

**Call your Patient Account Representative for assistance if your family size is greater than 8, if your income exceeds guidelines on this page, or if there are special circumstances you would like us to consider in granting your discount.**

\*Based on 150% of the FPL as published in the January 24, 2007 Federal Register, pp. 3147-3148

**Monthly  
Income**

<b>\$1,703</b>	-	<b>\$1,914</b>
<b>\$2,283</b>	-	<b>\$2,567</b>
<b>\$2,863</b>	-	<b>\$3,219</b>
<b>\$3,443</b>	-	<b>\$3,872</b>
<b>\$4,023</b>	-	<b>\$4,524</b>
<b>\$4,603</b>	-	<b>\$5,177</b>
<b>\$5,183</b>	-	<b>\$5,829</b>
<b>\$5,763</b>	-	<b>\$6,482</b>

**Discount = 25% of  
Charges**

Level D

*needs the  
discount.*