



Financial Assistance Scale 2025

ChristianaCare Health Services, Union Hospital will extend financial assistance adjustments to applicable medical services provided to patients who meet the income and family size threshold (see the chart below). Proof of gross income, number of household members, resident status, and other supportive documentation will be required before a financial assistance adjustment may be processed. Any patient identified as eligible for State Medical Assistance Programs is required to apply for State Medical Assistance coverage before a ChristianaCare financial assistance application will be approved.

In addition, all commercial, federal or state-sponsored insurances must be provided and billed prior to ChristianaCare extending financial assistance. All applications will be processed in accordance with the Patient Financial Services' Financial Assistance Program.

The financial assistance application is available at patient registration areas; at Patient Financial Services Office at Outpatient Registration; online at <https://www.uhcc.com/about-us/patient-financial-services/financial-assistance/> or by calling 302-623-7440.

The gross household income and household member thresholds noted below reflect 400 percent of the current Hill-Burton Federal Poverty Scale. This scale is updated annually. To qualify for ChristianaCare, Union Hospital Financial Assistance, a patient must be below the household gross income limit that corresponds with the number of members in their household. Patients with household income 401% to 500% of FPL will receive a 25% adjustment. A payment plan is available for all individuals eligible for financial assistance under this policy and for those with household income up to 500% of FPL, if requested.

If you have questions, please contact our Customer Service Team at 302-623-7440.

Household Size	Household Income
1	\$62,600
2	\$84,600
3	\$106,600
4	\$128,600
5	\$150,600
6	\$172,600
7	\$194,600
8	\$216,600

Add \$22,00 for each additional family member over eight persons.

DATE OF ORIGIN: 1/15/2025 [3/11/2025] Any printed copy of this Financial Assistance Scale is only as current as of the date it was printed; it may not reflect subsequent revisions. Refer to the online version for the most current policy.