Gateway Healthcare Financial Assistance Scale
Gateway Healthcare, Inc. is proud of its commitment to provide quality care to all.
Gateway serves clients without health insurance or who are under-insured and who may not be able to pay for their full care. Full financial assistance is given to clients with incomes below $\mathbf{2 0 0 \%}$ poverty level and partial assistance to clients with incomes between $200 \%$ \& $\mathbf{3 0 0} \%$ of the poverty level. Clients over $\mathbf{3 0 0 \%}$ are not eligible for financial assistance, but do receive a discount to the standard rate.

Payment plans may also be requested.

| FPL below 200\% |  |  | FPL 200\%-300\% |  |  | FPL above 300\% |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Family Size | Free for IncomeBelow: |  | Family Size | 90\% Discount for Income Up To: |  | Family Size |  | ount for Over: |
| 1 | \$ | 30,120 | 1 | \$ | 45,180 | 1 | \$ | 45,180 |
| 2 | \$ | 40,880 | 2 | \$ | 61,320 | 2 | \$ | 61,320 |
| 3 | \$ | 51,640 | 3 | \$ | 77,460 | 3 | \$ | 77,460 |
| 4 | \$ | 62,400 | 4 | \$ | 93,600 | 4 | \$ | 93,600 |
| 5 | \$ | 73,160 | 5 | \$ | 109,740 | 5 | \$ | 109,740 |
| 6 | \$ | 83,920 | 6 | \$ | 125,880 | 6 | \$ | 125,880 |
| 7 | \$ | 94,680 | 7 | \$ | 142,020 | 7 | \$ | 142,020 |
| 8 | \$ | 105,440 | 8 | \$ | 158,160 | 8 | \$ | 158,160 |
| 9 | \$ | 116,200 | 9 | \$ | 174,300 | 9 | \$ | 174,300 |
| 10 | \$ | 126,960 | 10 | \$ | 190,440 | 10 | \$ | 190,440 |


| General Outpatient Therapy Generally Billed Amount: \$228/session |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Free |  |  | \$22.80/session |  |  | \$152.76/session |  |  |
| Family Size | Free for Income Below: |  | Family Size | 90\% Discount for Income Up To: |  | Family Size |  | ount for Over: |
| 1 | \$ | 30,120 | 1 | \$ | 45,180 | 1 | \$ | 45,180 |
| 2 | \$ | 40,880 | 2 | \$ | 61,320 | 2 | \$ | 61,320 |
| 3 | \$ | 51,640 | 3 | \$ | 77,460 | 3 | \$ | 77,460 |
| 4 | \$ | 62,400 | 4 | \$ | 93,600 | 4 | \$ | 93,600 |
| 5 | \$ | 73,160 | 5 | \$ | 109,740 | 5 | \$ | 109,740 |
| 6 | \$ | 83,920 | 6 | \$ | 125,880 | 6 | \$ | 125,880 |
| 7 | \$ | 94,680 | 7 | \$ | 142,020 | 7 | \$ | 142,020 |
| 8 | \$ | 105,440 | 8 | \$ | 158,160 | 8 | \$ | 158,160 |
| 9 | \$ | 116,200 | 9 | \$ | 174,300 | 9 | \$ | 174,300 |
| 10 | \$ | 126,960 | 10 | \$ | 190,440 | 10 | \$ | 190,440 |


| Children's Intensive Home Based Services Generally Billed Amount - \$160/hour |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Free |  |  | \$16/hour |  |  | \$107.20/hour |  |  |
| Family Size | Free for Income Below: |  | Family Size | 90\% Discount for Income Up To: |  | Family Size |  | ount for <br> Over: |
| 1 | \$ | 30,120 | 1 | \$ | 45,180 | 1 | \$ | 45,180 |
| 2 | \$ | 40,880 | 2 | \$ | 61,320 | 2 | \$ | 61,320 |
| 3 | \$ | 51,640 | 3 | \$ | 77,460 | 3 | \$ | 77,460 |
| 4 | \$ | 62,400 | 4 | \$ | 93,600 | 4 | \$ | 93,600 |
| 5 | \$ | 73,160 | 5 | \$ | 109,740 | 5 | \$ | 109,740 |
| 6 | \$ | 83,920 | 6 | \$ | 125,880 | 6 | \$ | 125,880 |
| 7 | \$ | 94,680 | 7 | \$ | 142,020 | 7 | \$ | 142,020 |
| 8 | \$ | 105,440 | 8 | \$ | 158,160 | 8 | \$ | 158,160 |
| 9 | \$ | 116,200 | 9 | \$ | 174,300 | 9 | \$ | 174,300 |
| 10 | \$ | 126,960 | 10 | \$ | 190,440 | 10 | \$ | 190,440 |


| Health Home Team Generally Billed Amount - \$540 monthly fee |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Free |  |  | \$54/month |  |  | \$361.80/month |  |  |
| Family Size | Free for Income Below: |  | Family Size |  | ount for Up To: | Family Size |  | ount for Over: |
| 1 | \$ | 30,120 | 1 | \$ | 45,180 | 1 | \$ | 45,180 |
| 2 | \$ | 40,880 | 2 | \$ | 61,320 | 2 | \$ | 61,320 |
| 3 | \$ | 51,640 | 3 | \$ | 77,460 | 3 | \$ | 77,460 |
| 4 | \$ | 62,400 | 4 | \$ | 93,600 | 4 | \$ | 93,600 |
| 5 | \$ | 73,160 | 5 | \$ | 109,740 | 5 | \$ | 109,740 |
| 6 | \$ | 83,920 | 6 | \$ | 125,880 | 6 | \$ | 125,880 |
| 7 | \$ | 94,680 | 7 | \$ | 142,020 | 7 | \$ | 142,020 |
| 8 | \$ | 105,440 | 8 | \$ | 158,160 | 8 | \$ | 158,160 |
| 9 | \$ | 116,200 | 9 | \$ | 174,300 | 9 | \$ | 174,300 |
| 10 | \$ | 126,960 | 10 | \$ | 190,440 | 10 | \$ | 190,440 |


| ACT Team Generally Billed Amount - \$1860 monthly fee |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Free |  |  | \$186/month |  |  | \$1246.20/month |  |  |
| Family Size | Free for Income Below: |  | Family Size |  | ount for Up To: | Family Size |  | ount for Over: |
| 1 | \$ | 30,120 | 1 | \$ | 45,180 | 1 | \$ | 45,180 |
| 2 | \$ | 40,880 | 2 | \$ | 61,320 | 2 | \$ | 61,320 |
| 3 | \$ | 51,640 | 3 | \$ | 77,460 | 3 | \$ | 77,460 |
| 4 | \$ | 62,400 | 4 | \$ | 93,600 | 4 | \$ | 93,600 |
| 5 | \$ | 73,160 | 5 | \$ | 109,740 | 5 | \$ | 109,740 |
| 6 | \$ | 83,920 | 6 | \$ | 125,880 | 6 | \$ | 125,880 |
| 7 | \$ | 94,680 | 7 | \$ | 142,020 | 7 | \$ | 142,020 |
| 8 | \$ | 105,440 | 8 | \$ | 158,160 | 8 | \$ | 158,160 |
| 9 | \$ | 116,200 | 9 | \$ | 174,300 | 9 | \$ | 174,300 |
| 10 | \$ | 126,960 | 10 | \$ | 190,440 | 10 | \$ | 190,440 |


| Psych Rehab \& Vocational Services Generally Billed Amount - \$110/hour |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Free |  |  | \$11/hour |  |  | \$73.70/hour |  |  |
| Family Size | Free for Income Below: |  | Family Size | 90\% Discount for Income Up To: |  | Family Size |  | ount for Over: |
| 1 | \$ | 30,120 | 1 | \$ | 45,180 | 1 | \$ | 45,180 |
| 2 | \$ | 40,880 | 2 | \$ | 61,320 | 2 | \$ | 61,320 |
| 3 | \$ | 51,640 | 3 | \$ | 77,460 | 3 | \$ | 77,460 |
| 4 | \$ | 62,400 | 4 | \$ | 93,600 | 4 | \$ | 93,600 |
| 5 | \$ | 73,160 | 5 | \$ | 109,740 | 5 | \$ | 109,740 |
| 6 | \$ | 83,920 | 6 | \$ | 125,880 | 6 | \$ | 125,880 |
| 7 | \$ | 94,680 | 7 | \$ | 142,020 | 7 | \$ | 142,020 |
| 8 | \$ | 105,440 | 8 | \$ | 158,160 | 8 | \$ | 158,160 |
| 9 | \$ | 116,200 | 9 | \$ | 174,300 | 9 | \$ | 174,300 |
| 10 | \$ | 126,960 | 10 | \$ | 190,440 | 10 | \$ | 190,440 |
| To find out if you qualify for Financial-Aid, please contact a Registration Staff Member at your Gateway facility or call Gateway Finance at 401-724-8400. <br> - Gateway Healthcare, 103 Bacon St., Pawtucket, RI 02860 <br> Gateway Healthcare, 1443 Hartford Ave., Johnston, RI 02919 <br> - Gateway Healthcare, 4705A Old Post Road, Charlestown, RI 02813 <br> If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above. |  |  |  |  |  |  |  |  |

