



Appendix B

Financial Assistance Program

- Do you need to see a doctor but do not have insurance?
- Do you have high insurance co-pays or deductibles that make it hard for you to afford health care?
- Are you unable to afford the cost of health care?

Aspire Rural Health System wants to help. We have a sliding fee scale to help people with limited income.

Income Guidelines 2026

Sliding Fee Scale Payment Categories
Maximum Income

Patient Discount	100%	80%	60%	40%
Family Size	Poverty	150%	200%	250%
1	\$15,960.00	\$23,940.00	\$31,920.00	\$39,900.00
2	\$21,640.00	\$32,460.00	\$43,280.00	\$54,100.00
3	\$27,320.00	\$40,980.00	\$54,640.00	\$68,300.00
4	\$33,000.00	\$49,500.00	\$66,000	\$82,500.00
5	\$38,680.00	\$58,020.00	\$77,360.00	\$96,700.00
6	\$44,360.00	\$66,540.00	\$88,720	\$110,900
7	\$50,040.00	\$75,060.00	\$100,080.00	\$125,100.00
8	\$55,720.00	\$83,580.00	\$111,440.00	\$139,300.00
Over 8 add this amount for each additional person	\$5,680.00	\$8,520.00	\$11,360	\$14,200.00

FOR QUESTIONS ABOUT OUR FINANCIAL ASSISTANCE PROGRAM, PLEASE CONTACT ONE OF OUR FINANCIAL ASSISTANCE COUNSELORS:

Aspire Patient Accounting Department - (989) 912-6800

Note: To see if you qualify for financial assistance the proper paperwork must be filled out and turned into one of our Aspire Financial Counselors. Applications can also be submitted via MyChart