



Financial Assistance Scale 2024

Christiana Care Health Services will extend a 100 percent financial assistance adjustment 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 in patient registration areas; at our Corporate Finance Office at 200 Hygeia Drive, Newark, DE; online at www.christianacare.org/documents/Financial-Assistance-Program.pdf; 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 Financial Assistance, a patient must be below the household gross income limit that corresponds with the number of members in their household.

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

Persons	Household Income
1	\$60,240
2	\$81,760
3	\$103,280
4	\$124,800
5	\$146,320
6	\$167,840
7	\$189,360
8	\$210,880
Add \$21,520 for each additional family member over eight persons.	

01/19/2024 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.