



**OUTPATIENT FINANCIAL SERVICES  
WEEKLY INCOME SCHEDULE  
(DUVAL COUNTY PATIENTS ONLY)  
EFFECTIVE MARCH 1, 2017**



FAMILY SIZE	FULL * CHARITY	PP1	PP2	PP3	PP4	PP5	PP6	FULL ** PAY
1	\$0-232	233-271	272-310	311-349	350-388	389-427	428-463	\$464+
2	\$0-312	313-364	365-416	417-468	469-520	521-572	573-623	624+
3	\$0-393	394-459	460-525	526-591	592-657	658-723	724-785	786+
4	\$0-473	474-552	553-631	632-710	711-789	790-868	869-945	946+
5	\$0-553	554-645	646-737	738-829	830-921	922-1,013	1,014-1,105	1,106+
6	\$0-634	635-740	741-846	847-952	953-1,058	1,059-1,164	1,165-1,267	1,268+
7	\$0-714	715-833	834-952	953-1,071	1,072-1,190	1,191-1,309	1,310-1,427	1,428+
8	\$0-795	796-928	929-1,061	1,062-1,194	1,195-1,327	1,328-1,460	1,461-1,589	1,590+
9	\$0-875	876-1,021	1,022-1,167	1,168-1,313	1,314-1,459	1,460-1,605	1,606-1,749	1,750+
10	\$0-955	956-1,114	1,115-1,273	1,274-1,432	1,433-1,591	1,592-1,750	1,751-1,909	1,910+
11	\$0-1,036	1,037-1,209	1,210-1,382	1,383-1,555	1,556-1,728	1,729-1,901	1,902-2,071	2,072+
12	\$0-1,116	1,117-1,302	1,303-1,488	1,489-1,674	1,675-1,860	1,861-2,046	2,047-2,231	2,232+
13	\$0-1,197	1,198-1,397	1,398-1,597	1,598-1,797	1,798-1,997	1,998-2,197	2,198,2,393	2,394+
14	\$0-1,277	1,278-1,490	1,491-1,703	1,704-1,916	1,917-2,129	2,130-2,342	2,343-2,553	2,554+
15	\$0-1,357	1,358-1,583	1,584-1,809	1,810-2,035	2,036-2,261	2,262-2,487	2,488-2,713	2,714+

\*100% of Hill Burton Criteria

\*\*200% of Hill Burton Criteria

<b>SHANDS TAX ID# 592142859</b>
<b>SHANDS NPI 1821186313</b>
<b>Medicaid Provider ID 010067600</b>
<b>BCBS FL Provider ID 119</b>

**FED COST CENTER 406900**

**2017 Weekly Income Sched Expires 2/28/18**

**UF HEALTH Weekly Income Schedule 2017**