



**OUTPATIENT FINANCIAL SERVICES
PROGRAMS SEMANAL DE INGRESO
SOLO PARA PACIENTES DEL CONDADO DE DUVAL
EFFECTIVO 1 DE MARZO DE, 2020**



TAMANO DE LA FAMILIA	CARIDAD * COMPLETA	PP1	PP2	PP3	PP4	PP5	PP6	PAGO ** COMPLETO
1	\$0-245	\$246-286	\$287-327	\$328-368	\$369-409	\$410-450	\$451-489	\$490+
2	\$0-332	333-387	388-442	443-497	498-552	553-607	608-663	664+
3	\$0-418	419-488	489-558	559-628	629-698	699-768	769-835	836+
4	\$0-504	505-588	589-672	673-756	757-840	841-924	925-1,007	1,008+
5	\$0-590	591-688	689-786	787-884	885-982	983-1,080	1,081-1,179	1,180+
6	\$0-676	677-789	790-902	903-1,015	1,016-1,128	1,129-1,241	1,242-1,351	1,352+
7	\$0-762	763-889	890-1,016	1,017-1,143	1,144-1,270	1,271-1,397	1,398-1,523	1,524+
8	\$0-848	849-989	990-1,130	1,131-1,271	1,272-1,412	1,413-1,553	1,554-1,695	1,696+
9	\$0-935	936-1,091	1,092-1,247	1,248-1,403	1,404-1,559	1,560-1,715	1,716-1,869	1,870+
10	\$0-1,021	1,022-1,191	1,192-1,361	1,362-1,531	1,532-1,701	1,702-1,871	1,872-2,041	2,042+
11	\$0-1,107	1,108-1,292	1,293-1,477	1,478-1,662	1,663-1,847	1,848-2,032	2,033-2,213	2,214+
12	\$0-1,193	1,194-1,392	1,393-1,591	1,592-1,790	1,791-1,989	1,990-2,188	2,189-2,385	2,386+
13	\$0-1,279	1,280-1,492	1,493-1,705	1,706-1,918	1,919-2,131	2,132-2,344	2,345-2,557	2,558+
14	\$0-1,365	1,366-1,593	1,594-1,821	1,822-2,049	2,050-2,277	2,278-2,505	2,506-2,729	2,730+
15	\$0-1,452	1,453-1,694	1,695-1,936	1,937-2,178	2,179-2,420	2,421-2,662	2,663-2,903	2,904+

*100% of Criterio de Hill Burton

**200% of Criterio de Hill Burton

TAX (IMPUESTOS) ID# 592142859
SHANDS NPI 1821186313
Proveedor de Medicaid ID 010067600
Proveedor de BCBS FL ID 119

CENTRO DE COSTO FED 406900

Programa Semanal de Ingres Expira 2/28/2021

UF HEALTH Program Semanal de Ingreso 2020