



**OUTPATIENT FINANCIAL SERVICES
WEEKLY INCOME SCHEDULE
(DUVAL COUNTY PATIENTS ONLY)
EFFECTIVE MARCH 1, 2022**



FAMILY SIZE	FULL * CHARITY	PP1	PP2	PP3	PP4	PP5	PP6	FULL ** PAY
1	\$0-261	\$262-305	\$306-349	\$350-393	\$394-437	\$438-481	\$482-521	\$522+
2	\$0-352	353-411	412-470	471-529	530-588	589-647	648-703	\$704+
3	\$0-443	444-517	518-591	592-665	666-739	740-813	814-885	\$886+
4	\$0-534	535-623	624-712	713-801	802-890	891-979	980-1,067	\$1,068+
5	\$0-624	625-728	729-832	833-936	937-1,040	1,041-1,144	1,145-1,247	\$1,248+
6	\$0-715	716-834	835-953	954-1,072	1,073-1,191	1,192-1,310	1,311-1,429	\$1,430+
7	\$0-806	807-940	941-1,074	1,075-1,208	1,209-1,342	1,343-1,476	1,477-1,611	\$1,612+
8	\$0-897	898-1,047	1,048-1,197	1,198-1,347	1,348-1,497	1,498-1,647	1,648-1,793	\$1,794+
9	\$0-988	989-1,153	1,154-1,318	1,319-1,483	1,484-1,648	1,649-1,813	1,814-1,975	\$1,976+
10	\$0-1,078	1,079-1,258	1,259-1,438	1,439-1,618	1,619-1,798	1,799-1,978	1,979-2,155	\$2,156+
11	\$0-1,169	1,170-1,364	1,365-1,559	1,560-1,754	1,755-1,949	1,950-2,144	2,145-2,337	\$2,338+
12	\$0-1,260	1,261-1,470	1,471-1,680	1,681-1,890	1,891-2,100	2,101-2,310	2,311-2,519	\$2,520+
13	\$0-1,351	1,352-1,576	1,577-1,801	1,802-2,026	2,027-2,251	2,252-2,476	2,477-2,701	\$2,702+
14	\$0-1,441	1,442-1,681	1,682-1,921	1,922-2,161	2,162-2,401	2,402-2,641	2,642-2,881	\$2,882+
15	\$0-1,532	1,533-1,787	1,788-2,042	2,043-2,297	2,298-2,552	2,553-2,807	2,808-3,063	\$3,064+

*100% of Hill Burton Criteria

**200% of Hill Burton Criteria

SHANDS TAX ID# 592142859
SHANDS NPI 1821186313
Medicaid Provider ID 010067600
BCBS FL Provider ID 119

FED COST CENTER 406900

2022 Weekly Income Sched Expires 2/28/2023

UF HEALTH Weekly Income Schedule 2022