



Arbor Health  
Federal Poverty Guidelines (FPG)

2025

Approved or Denied?

Patient Name:

MRN

Processed by:

Date:

Date range approved:

Date Patient Notified:

<b>Discount Provided</b>	<b>100%</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>
Patient Pays	0%	0%	25%	50%

Family Size	PERCENT OF FPG				
	<100%	<200%	<250%	<300%	> 300%
1	\$15,650	\$31,300	\$39,125	\$46,950	501R Discount applies
2	\$21,150	\$42,300	\$52,875	\$63,450	
3	\$26,650	\$53,300	\$66,625	\$79,950	
4	\$32,150	\$64,300	\$80,375	\$96,450	
5	\$37,650	\$75,300	\$94,125	\$112,950	
6	\$43,150	\$86,300	\$107,875	\$129,450	
7	\$48,650	\$97,300	\$121,625	\$145,950	
8	\$54,150	\$108,300	\$135,375	\$162,450	
Each Additional Add:	\$5,500	\$11,000	\$13,750	\$16,500	

Family Size

How many family members?

FPL (above)

Select the FPG \$ equal to or less than what is listed

Gross Income

Enter the patient's gross income

% of FPL

Percent of FPL where patients income falls

Discount

Amount of discount that patient will receive

Enc #	Pt Bal	Discount %	Discount \$	Pt Owes
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
		0%	\$0.00	\$0.00
Totals	\$0.00	0%	\$0.00	\$0.00

**Total Discount:**

**\$0.00**

**(A36)**