



SOUTHEAST GEORGIA HEALTH SYSTEM

Financial Assistance Policy

Policy

Southeast Georgia Health System, Inc. (the “**Health System**”) is committed to providing emergency and necessary medical care to all patients regardless of their ability to pay. This policy (the “**Policy**”) establishes guidelines and procedures for ensuring that a patient (“**Patient**”) or any Responsible Party (as defined in this Policy) meeting certain eligibility and income guidelines receives Financial Assistance for all Emergency Treatment and Medically Necessary Care, as defined below, provided by the Health System.

The Policy applies to all Emergency Treatment and Medically Necessary Care that the Health System provides in the hospital setting at its Brunswick Campus, Camden Campus and the Health System facilities listed in **Exhibit C** (each a “**Hospital Facility**”), as well as the services provided at a Hospital Facility by those physicians and other providers listed in **Exhibit A**. Those physicians and providers who may provide Emergency Treatment and Medically Necessary Care at a Hospital Facility but who are not covered by this Policy are listed in **Exhibit B**. Services provided outside of the hospital setting, including in the physician office setting through Cooperative Healthcare Services, Inc. (“**CHSI**”) or through the Health System’s immediate care centers, are not subject to this Policy. Information regarding financial assistance available for those services can be obtained by contacting the CHSI Financial Advocates at 912.466.5899.

Patients are expected to cooperate with the Health System’s policies and procedures for obtaining Financial Assistance and to contribute to the cost of their medical care based on their ability to pay. All financially capable individuals are encouraged to purchase health insurance to ensure access to health care services, for their overall personal health and for the protection of their assets.

Definitions

The following definitions shall apply to this Policy:

1. **Amounts Generally Billed (“AGB”)** – The amounts generally billed by the Health System for Emergency Treatment and Medically Necessary Care to Patients who have health insurance is referred to in this Policy as AGB. AGB is calculated using the look-back method by multiplying the Gross Charges for Emergency Treatment or Medically Necessary Care by one or more percentages. For purposes of calculating AGB, these percentages are based on the claims allowed during a prior twelve (12)-month period by Medicare fee-for-service for such Emergency Treatment or Medically Necessary Care. Copies of the current percentages, together with an explanation of how these percentages

were calculated, may be obtained for free by writing to Southeast Georgia Health System, 2415 Parkwood Drive Brunswick, Georgia 31520, Attn: Director, Patient Financial Services.

2. **Application Period** – The period that begins with the provision of Eligible Services and extends 240 days, beginning on the date of provision of the first “post-discharge” billing statement to the patient or the patient’s authorized agent for such Eligible Services, during which time the patient or their authorized agent may complete an incomplete Financial Assistance Application that was started during the 240-day period. The Health System may extend this period for thirty (30) days to allow the Health System to notify the patient that it intends to engage in an Extraordinary Collection Action or for any period which the Health System so determines to be necessary and reasonable at its sole discretion.
3. **Elective Procedures** – Procedures that do not qualify as Emergency Treatment or Medically Necessary Care are referred to in this Policy as Elective Procedures. Examples of Elective Procedures include, but are not limited to, services that are cosmetic in nature, preventative, elective in nature, routine in nature, or occupational health. Financial Assistance is not available under this Policy for Elective Procedures.
4. **Eligible Patient** – An Eligible Patient is a Patient with Income below the FPL as set forth in the Financial Assistance Levels section below, who receives Emergency Treatment or Medically Necessary Care at a Hospital Facility. The patient or patient’s authorized representative must timely file a complete Financial Assistance Application within the periods set forth in this policy to qualify as an Eligible Patient. An individual must be a legal resident of Glynn, McIntosh, Brantley, Camden, Wayne or Charlton County to qualify as an Eligible Patient for Financial Assistance.
5. **Eligible Services** – Eligible Services include Emergency Treatment and Medically Necessary Care as defined in this Financial Assistance Policy.
6. **Emergency Medical Condition** – The term Emergency Medical Condition will be defined as set forth in the Emergency Medical Treatment and Labor Act (“EMTALA”).
7. **Emergency Treatment** – Emergency Treatment means the care or treatment provided for an Emergency Medical Condition in an emergency care setting or other non-elective services provided in response to a life-threatening circumstance outside of an emergency room setting.
8. **Extraordinary Collection Action** – Extraordinary Collection Actions are actions that a tax-exempt healthcare organization may undertake to obtain payment for care after making reasonable efforts to determine whether a patient is eligible for financial assistance under this policy. Please refer to the Health System’s Billing and Collections Policy for additional detail on what actions are considered Extraordinary Collections Actions, which methods are permitted, and a timeline and the process for such actions.

9. **Federal Poverty Guidelines (“FPG”)** – Federal Poverty Guidelines or FPG means those guidelines that the U.S. Department of Health and Human Services issues each year in the Federal Register, as attached as **Exhibit D**, which is a measure of the applicable household income thresholds. The effective date of the annual update to FPG for purposes of this Policy will be the first day of the month following the publication of FPG in the Federal Register.
10. **Financial Assistance** – Free or discounted medical care provided to Eligible Patients who meet the Health System’s criteria for Financial Assistance and are unable to pay for all or a portion of the Emergency Treatment and/or other Medically Necessary Care provided by the Health System.
11. **Income** – As defined by Section D.1.(c)(1) of Appendix Q of *Part II, Policies and Procedures for Hospital Services* of the Georgia Department of Community Health, Division of Medicaid.
12. **Gross Charges** – The Health System’s full, established price for Emergency Treatment, Medically Necessary Care, or Elective Procedures, as the case may be, that the Health System consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.
13. **Medically Necessary Care** – Medically Necessary Care means those health care services that satisfy the definition of “medically necessary services” for purposes of the Georgia Medicaid program.
14. **Notification Period** – The Notification Period refers to the period during which the Health System will notify individuals about the availability of Financial Assistance under this Policy. The Notification Period begins on the first date care is provided and ends on the 120th day after the Health System provides the individual with the first Post-Discharge billing statement for such care.
15. **Plain Language Summary** – A written statement that notifies an individual that the Health System offers Financial Assistance under this Policy and provides the following information: (i) a brief description of the eligibility requirements and assistance offered; (ii) the direct website address (or URL) and physical location(s) (including a room number, if applicable) where the individual can obtain copies of this Policy and the FAP Application; (iii) instructions on how the individual can obtain a free copy of this Policy and the FAP Application by mail; (iv) the contact information, including the telephone number(s) and physical location (including a room number, if applicable), of the Health System financial counselors who can provide an individual with information about this Financial Assistance Program and the FAP Application process, as well as contact information of nonprofit organizations or government agencies, that the Health System has identified as available sources of assistance with the FAP Applications; (v) a statement of the availability of language translations of this Policy, FAP Application form, and Plain Language Summary, if applicable; and (vi) a statement that no eligible individual will be charged more for Emergency Treatment or other Medically Necessary Care than AGB.

16. **Post-Discharge** – Post-Discharge means the period of time after medical care (whether inpatient or outpatient) has been provided and the individual has left the Hospital Facility.
17. **Presumptive Eligibility** – The process by which the Health System qualifies for Financial Assistance without completing a Financial Assistance Application. This process involves an external vendor and an analysis of a patient’s financial condition to assess financial need.
18. **Reasonable Efforts** – Reasonable Efforts are the actions that the Health System will take to determine whether an individual is an Eligible Patient under this Policy. The Health System will (i) offer a paper copy of the plain language summary of this Policy to patients as part of the intake or discharge process; (ii) include a conspicuous written notice on billing statements that identifies the Policy and informs patients about the availability of Financial Assistance, including, without limitation, the website address where a Patient may obtain copies of this Policy, an application form and a plain language summary of the Policy as well as the phone number of the Health System department that can provide information about the Policy and the application process; (iii) make reasonable efforts to notify the patient about the Policy and the application process in oral communications regarding the bill that occur during the Notification Period and prior to conducting any Extraordinary Collection Actions; (iv) provide the patient with at least one written notice that contains a plain language summary of this Policy and describes the Extraordinary Collection Actions that the Health System may take if the patient does not submit a complete FAP Application or pay the amount due by a deadline specified in the notice that is no earlier than thirty (30) days after the date of the notice or the expiration of the Notification Period (whichever is later); (v) notify the patient if their financial assistance application is incomplete, provides information on how to complete the application, and provides a reasonable opportunity consistent with the Application Period to do so, (vi) timely determines whether an individual is eligible for financial assistance during the Application Period; and (vii) take such other actions as are required by the Internal Revenue Service with respect to Section 501(r) of the Internal Revenue Code. Additionally, financial counselors visit self-pay patients with representatives able to screen patients for disability applications, Medicaid eligibility, and any other assistance program for which the patient may qualify. Financial counselors are certified to issue presumptive eligibility for Medicaid. If unable to meet during the patient’s inpatient stay, financial counselors will follow up after discharge via mail and phone.
19. **Responsible Party** – A Responsible Party as used in this Policy is the Patient if the Patient is at least eighteen (18) years old and is not claimed by another person as a dependent for federal tax purposes. If the Patient is under the age of eighteen (18), the Responsible Party shall be the Patient’s parents (natural or adoptive) or legal guardians, unless someone else claims the Patient as a dependent for Federal tax purposes. If the Patient is claimed as a dependent by another person for Federal tax purposes, the Responsible Party shall be the person claiming the Patient as a dependent.

Financial Assistance Levels

Financial Assistance is available for Emergency Treatment or Medically Necessary Care provided by the Health System to Eligible Patients in accordance with following income limitations:

1. **Free Care** – When the Income of an Eligible Patient or any Responsible Party is either equal to or less than 125 percent of the Federal Poverty Guidelines, Financial Assistance for 100 percent of the Gross Charges of such services provided to such Eligible Patient is available.
2. **Discounted Financial Assistance** – When the Income of an Eligible Patient or any Responsible Party is greater than 125 percent but lower than 200 percent of the Federal Poverty Guidelines, Financial Assistance for 80 percent of the Gross Charges of such services provided to such Eligible Patient is available.

When the Income of an Eligible Patient or any Responsible Party is equal to or greater than 200 percent but lower than 300 percent of the Federal Poverty Guidelines, Financial Assistance for 70 percent of the Gross Charges of such services provided to such Eligible Patient is available.

Under no circumstances will the Health System charge any Eligible Patient more than the AGB for any Emergency Treatment or Medically Necessary Care.

3. **Catastrophic Financial Assistance** – Individuals who do not qualify under the Health System's Financial Assistance programs and have Health System medical debt in excess of \$10,000 may be considered for reduced cost/discounted services. A full financial disclosure consisting of assets, Income, debt and expenses with repayment schedules is required to determine ability to pay.

Eligibility for Financial Assistance will be determined in accordance with procedures that involve an individual assessment of financial need. This procedure includes an application process, in which the Eligible Patient or any Responsible Party must submit an application for Financial Assistance (the "**FAP Application**") and supply personal, financial, and other information and documentation necessary to make a determination of financial need. Additionally, patients will be analyzed for Presumptive Eligibility for financial need pursuant to the section titled Presumptive Eligibility, below.

Patients with Medicare, Medicaid or Third-Party Payer Coverage May Qualify for Only Limited Financial Assistance. For all payers (including Medicare, Medicaid or similar Federal or state health insurance program recipients), the Financial Assistance available under this Policy is limited to those charges for Emergency Treatment and Medically Necessary Care for which the Patient has financial responsibility, e.g. co-payments, deductibles, self-administered drugs, etc.

Method to Apply for Financial Assistance

1. **General Application Process.** If an Eligible Patient or any Responsible Party believes he or she possesses insufficient Income or resources to pay for Emergency Treatment or Medically Necessary Care provided by the Health System, the Eligible Patient or Responsible Party may

request Financial Assistance by submitting a FAP Application. Determination of the amount of Financial Assistance is based on review of each case, including a review of the FAP Application and documentation submitted as well as the eligibility criteria set forth in this Policy. This Policy, a Plain Language Summary of this Policy, and the FAP Application may be obtained for free by writing to Southeast Georgia Health System, 2415 Parkwood Drive, Brunswick, Georgia 31520 Attn: Patient Financial Services, or by visiting <http://www.sghs.org/about/financialassistance>. This Policy, a Plain Language Summary of this Policy and the FAP Application are also available in the admissions areas, business offices and emergency rooms of the Health System Facilities.

2. **Proof of Income Information Requested.** It is the applicant's responsibility to complete the FAP Application in full and to provide the supporting documentation that the FAP Application requires. Such information includes, without limitation, the Patient's or Responsible Party's name, citizenship, date of birth, number and age(s) of dependents, phone number, address, current employer, and position. All applicants must provide with the FAP Application proof of Income by including information required by the FAP Application. The Application must be completed in full during the Application Period, as defined above.
3. **Submission of FAP Application.** The FAP Application may be submitted at any time during the Application Period, but must be completed in its entirety and any requested back-up documentation, including proof of Income, is considered part of the FAP Application. The completed FAP Application and any supporting criteria must be submitted to Southeast Georgia Health System, P.O. Box 1518, Brunswick, Georgia 31521 Attn: Financial Assistance Department. The Health System reserves the right to deny, prospectively or retrospectively, FAP Applications appearing to contain false or misleading information. The intentional withholding of any payment source from the FAP Application will result in a denial or reversal of approval and will deem the Patient or Responsible Party ineligible for Financial Assistance. If a Patient or Responsible Party is unable to complete and/or submit a FAP Application, a legally authorized individual may act on his/her behalf by providing FAP Application information that would allow an appropriate determination to be made.
4. **Applications for Catastrophic Financial Assistance.** Eligible Patients applying for Catastrophic Financial Assistance must provide additional Income-related information, including, but not limited to, information regarding any property owned, savings or money market accounts, and other relevant fiscal information. This information will be reviewed and used in determining qualification for Catastrophic Financial Assistance.
5. **Incomplete FAP Applications.** If the applicant submits an incomplete FAP Application, the Health System will suspend any Extraordinary Collection Actions (if any) that it has commenced against the applicant, consistent with the Billing and Collections Policy, and the Health System will provide the applicant with written notice regarding the information necessary to complete the FAP Application, including, without limitation, the telephone number and address of the Health System department that can provide information about this Policy and assistance with the FAP Application process. The Health System may also contact the applicant by telephone to determine whether the applicant received the notice and to discuss any questions the applicant might have regarding the missing information. The applicant will

have at least thirty (30) days from the date of the written notice to submit the missing information. All incomplete applications must be completed during the Application Period.

6. **Financial Assistance Determinations.** Financial Assistance determinations will be made in accordance with this Policy and communicated to the applicant in writing. If deemed ineligible, the determination shall include the reasons and information relied upon in making such determination. Incomplete applications and requests and those lacking supporting data will not be considered and will be returned to the applicant. If denied eligibility, an applicant may reapply after thirty (30) days or at any time upon a change in status. Financial Assistance will not be denied due to failure to provide information or documentation that is not specified in this Policy or the FAP Application.
7. **Effective Date of Financial Assistance Determinations.** Approved Financial Assistance will be effective for a period of one (1) year from the eligibility determination approval date provided there is no change in an applicant's Income as affirmed in the FAP Application submission. A new FAP Application must be submitted for Patient liabilities occurring after the one (1) year eligibility determination period. The Health System may verify Patient and/or Responsible Party Income at any time during that one (1) year determination period. Catastrophic Financial Assistance is valid only for the Patient's current episode of care and requires reapplication for assistance for subsequent episodes of care.
8. **Assistance with FAP Applications.** The Health System employs Financial Counselors who can assist with and provide information relating to this Policy and the FAP Application process. Financial counselors for the Brunswick Campus can be contacted at 912.466.1015 and are located adjacent to the Brunswick Campus Admissions Office at 2415 Parkwood Drive, Brunswick, Georgia 31520. Financial counselors for the Camden Campus can be contacted at 912.576.6109 and are located in the Camden Campus Admissions Office at 2000 Dan Proctor Drive, St. Marys, Georgia 31548.

Presumptive Eligibility

There are instances when a patient may be presumed or deemed eligible for Financial Assistance based on their enrollment in other programs, such as Social Security disability status, or on information that is not directly provided by the patient through a FAP. The Health System may utilize a third-party to electronically review patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases to calculate an estimated Income level for the patient. After the Income Level is estimated, Financial Assistance is provided in accordance with this Policy. In the event a patient is presumptively eligible for less than 100% Financial Assistance, the Health System will notify the patient regarding the basis for the presumptive eligibility determination and the manner in which the patient may apply for additional assistance under this Policy through submission of a completed FAP. Should an individual be Presumptively Eligible for Financial Assistance, the Health System will not charge more than the AGB for such Eligible Services.

Actions In the Event of Nonpayment

It is the policy of the Health System to pursue financial recovery for medical services in a moral, legal, and ethical manner based on ability to pay. The Health System's collections policies take into account the extent to which the Patient or any Responsible Party qualifies for Financial Assistance, an individual's good faith effort to apply for a governmental program or for Financial Assistance, and an individual's good faith effort to comply with his or her payment agreements.

For Patients or any Responsible Party who qualify for Financial Assistance and who are cooperating in good faith to pay their discounted bills, the Health System may offer extended payment plans. The Health System or any other authorized party will not impose Extraordinary Collections Actions against the Patient or Responsible Party without first making Reasonable Efforts to determine whether the individual is eligible for assistance under this Policy. Actions taken in the event of non-payment are described in the Health System's Billing and Collections Policy. A copy of the policy may be obtained for free by writing to Southeast Georgia Health System, 2415 Parkwood Drive Brunswick, Georgia 31520, Attn: Director, Patient Financial Services.

Methods to Publicize the Policy within the Community Served

This document may be obtained in writing and free of charge by visiting the Health System's homepage, at <http://www.sghs.org/about/financialassistance>, which provides a direct link to this document, or calling 912. 466.1015 or by submitting a request in writing to Southeast Georgia Health System, Attn: Financial Counselors, 2415 Parkwood Drive, Brunswick, Georgia 31520. The Health System will also make available upon request and without charge, both in public locations of the Health System and by mail, paper copies of this document. Visitors to the Health System will be informed of this Policy public displays in the Health System's emergency rooms, admissions offices and business office. The Health System also informs strategic community partners of the availability of financial assistance in an effort to engage members of the community most likely to require financial assistance. As outlined in the Billing and Collections policy, billing statements will include information regarding this Policy.

Process of Appeal

Patients who were denied Financial Assistance are able to appeal that determination by submitting a request for reconsideration in writing via mail within thirty (30) days of the date of the determination to the Chief Financial Officer of the Health System, at 2415 Parkwood Drive Brunswick, Georgia 31520. Review and determination of a request for reconsideration by the Chief Financial Officer is final; however, applicants may call the Georgia Department of Community Health at 1.877.261.3117 or 404.463.5827 if the applicant still disagrees. Approval levels based on Income and assets are set by policy and are not eligible for reconsideration. Denials based upon the applicant intentionally falsifying or omitting financial information on the FAP Application may not be appealed for reconsideration. Inadvertent omissions or misinformation will be adjudicated on an individual basis in consideration of the rationale for submitting an erroneous application. Enforcement of this provision is at the sole discretion of the Health System.

Confidentiality

The Health System will uphold the confidentiality and individual dignity of each Patient. The Health System will meet all HIPAA requirements for handling personal health information.

EMTALA Obligations

The Health System will provide, without exception, Emergency Treatment to all Patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance and in accordance with the requirements of EMTALA. In recognition of its obligations under EMTALA, the Health System will not undertake any action that would discourage an individual from seeking Emergency Treatment, such as demanding that emergency department Patients pay before receiving Emergency Treatment or by permitting debt collection activities in the emergency department or any other area of a Health System Facility that could interfere with the provision, without discrimination, of Emergency Treatment.

APPROVED BY THE BOARD OF DIRECTORS: June 25, 2025

Exhibit A

The Policy covers the Emergency Treatment and Medically Necessary Care performed at the Hospital's Facilities by the following physicians and other providers:

All Southeast Georgia Physician Associates physician practices, including:

Cardiology

Southeast Georgia Physician Associates – Cardiology

Endocrinology

Southeast Georgia Physician Associates - Endocrinology & Diabetes

Gastroenterology

Southeast Georgia Physician Associates – Gastroenterology

General Surgery

Southeast Georgia Physician Associates –General Surgery

Southeast Georgia Physician Associates –General & Vascular Surgery

Hospital Medicine

Southeast Georgia Physician Associates - Hospital Medicine

Infectious Disease

Southeast Georgia Physician Associates - Infectious Disease

Medical Oncology

Southeast Georgia Physician Associates – Hematology & Oncology

Neurology

Southeast Georgia Physician Associates – Neurosciences

Neurosurgery

Southeast Georgia Physician Associates – Neurosurgery

Obstetrics and Gynecology

Southeast Georgia Physician Associates – Obstetrics & Gynecology

Orthopedic Surgery

Summit Sports Medicine & Orthopedic Surgery

Otolaryngology

Southeast Georgia Physician Associates – Ear, Nose & Throat

Pediatrics

Southeast Georgia Physician Associates –Pediatrics

Physical Medicine and Rehabilitation

Summit Sports Medicine & Orthopedic Surgery

Primary Care

Southeast Georgia Physician Associates – Primary Care

Pulmonology

Southeast Georgia Physician Associates – Pulmonary Medicine

Radiation Oncology

Southeast Georgia Physician Associates – Radiation Oncology

Radiology

Southeast Georgia Physician Associates - Radiology

Rheumatology

Southeast Georgia Physician Associates - Rheumatology

Urology

Southeast Georgia Physician Associates – Urology

Vascular Surgery

Southeast Georgia Physician Associates - Glynn General and Vascular Surgery

Exhibit B

The Policy does **NOT** cover the Emergency Treatment and Medically Necessary Care performed at the Hospital Facilities by the following physicians and other providers:

Anesthesia

Alta Anesthesia, Inc.

Cardiology

Ascension St. Vincent's Coastal Cardiology
UF Health Cardiology – St. Mary's

Dermatology

DiPreta Dermatology - Mohs Surgery and Skin Care Center

Emergency Medicine

Emergency Resources Group

Family Medicine

Dr. Astor T Lim, MD, PC
Hospice of the Golden Isles, Inc.
Kings Bay Family Care Center

General Surgery

Coastal Surgeons

Internal Medicine

Nephrology and Hypertension Medical Associates, PC

Medical Oncology

Georgia Oncology and Hematology Consultants

Nephrology

Nephrology of the Golden Isles
Nephrology and Hypertension Medical Associates, PC

Neurology & Neurosurgery

Southern Neuro Specialty
Specialty Care

Obstetrics and Gynecology

Lily Ob/Gyn
Safe Harbor Children's Advocacy Center
Women's Health Group of Southeast Georgia
Women of Camden-Advanced OB/GYN

Ophthalmology

Sindhu H. Thota, MD
Mario L. Forcina, Jr, MD, PC

Oral and Maxillofacial Surgery

Camden Oral Surgery, PC
Coastal Oral Surgery: Jeffrey O. Capes, DMD, MD
Innova Dental Implant Institute
Sea Pines Oral & Facial Surgery

Orthopaedic Surgery

Optim Orthopedics
Topp Spine & Orthopedics

Pain Medicine

Guardian Medical Center – Center for Pain & Headache Medicine

Pathology

Southeastern Pathology Associates

Pediatrics

Activate Health & Wellness
Ayman Al-Jabi, MD, PC
Pediatric Associates of Brunswick
UF Health Family Medicine and Pediatrics - St. Mary's
Wolfson Children's at Southeast Georgia Health System

Pediatric Cardiology

Savannah Children's Heart Center
Children's at Southeast Georgia Health System

Physical Medicine and Rehabilitation

Guardian Medical Center – Center for Pain & Headache Medicine

Plastic Surgery

Golden Isles Center for Plastic Surgery
Granzow Lymphedema & Lipedema Center
Renu Plastic Surgery
Summit Plastic Surgery

Podiatry

Ankle & Foot Associates, LLC
Parkwood Podiatry Associates

Psychiatry

David S. Deuser, MD & Associates
Martelli & Associates, PC

Teleneurology

Baptist Neurological Institute
Lyerly Baptist Inc.

Exhibit C

The Policy covers the Emergency Treatment and Medically Necessary Care hospital services performed at the following Hospital Facilities:

Brunswick Campus, 2415 Parkwood Drive, Brunswick, Georgia, 31520

Camden Campus, 2000 Dan Proctor Drive, St Marys, Georgia 31558

Endoscopy Center – 3217 Fourth Street, Brunswick, Georgia 31520

SGHS MRI & Imaging – 1111 Glynco Parkway, Building 1, Brunswick, Georgia 31525

SGHS, Outpatient Rehabilitation Services Center – 6000 Wellness Way, Saint Simons Island, Georgia 31522

SGHS, Outpatient Rehabilitation Services Center – 1111 Glynco Parkway, Building 2, Brunswick, Georgia 31525

Exhibit D

Federal Poverty Guidelines

The 2026 poverty guidelines issued by the Department of Health and Human Services (HHS) are as follows:

<u>Persons in Family/Household</u>	<u>Poverty Guideline</u>
1	\$15,960
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720

For families/households with more than 8 persons, add \$5,680 for each additional person.