



Dear Patient/Patient Representative,

Attached is the form requesting a financial hardship discount for services through MSU Health Care, Inc. in addition to the income guidelines.

Please complete and sign the form. The following items must be included:

- Most recent tax statements.
- Most recent pay stub.
- Medicaid letter denying coverage.

Please note:

The lack of any of these items will result in the form being returned to you and a delay in processing your request.

Please return your completed form and required documents to:

MSU Health Care, Inc.
Patient Accounts
804 Service Rd, Rm A100
East Lansing, MI 48824-7042

If you have any questions, please call (800) 964-3968.

Thank you.

**Patient
Accounts**

Clinical Center
804 Service Rd., A100
East Lansing, MI 48824

Phone: (800) 964-9368
Fax: (517) 432-3928
healthcare.msu.edu

MSU HCI

FINANCIAL HARDSHIP POLICY

INCOME GUIDELINES Effective for MSU Health Care 7/1/2024

	100% of Poverty Level	133% of Poverty Level	150% of Poverty Level	185% of Poverty Level
	ANNUAL INCOME WITH CORRESPONDING WRITE-OFF PERCENTAGE			
FAMILY SIZE	100%	75%	50%	25%
1	15,060	20,030	22,590	27,861
2	20,440	27,185	30,660	37,814
3	25,820	34,341	38,730	47,767
4	31,200	41,496	46,800	57,720
5	36,580	48,651	54,870	67,673
6	41,960	55,807	62,940	77,626
7	47,340	62,962	71,010	87,579
8	52,720	70,118	79,080	97,532

Add \$5,380 for each additional person (more than 8)