

Title: Credit and Collection/Medical Debt Mitigation		Document Number: 092-100PR
Document Type: Revenue Cycle Management Document		Effective Date: 1/19/2026
Responsible Owner: (Title) Vice President, Finance		
Last Review/Revision Date: 1/19/2026	Review Cycle: <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	Next Review Date: 7/1/2026
Content Applies to Patient Care: (Select all that apply) <input type="checkbox"/> Adults <input type="checkbox"/> Pediatrics (Under 18)		
Applicability:	<input checked="" type="checkbox"/> FH System <input type="checkbox"/> Ambulatory Clinics – ALL <input type="checkbox"/> Hospitals - ALL	
	<input type="checkbox"/> Department Only: (Department Name)	
<input type="checkbox"/> Site Only: (Select all that apply) <input type="checkbox"/> MRH <input type="checkbox"/> RMH <input type="checkbox"/> Hoke <input type="checkbox"/> MMH <input type="checkbox"/> FH Clinics <input type="checkbox"/> FHPG Clinics <input type="checkbox"/> Cancer Center <input type="checkbox"/> Hospice <input type="checkbox"/> Home Care <input type="checkbox"/> Medical Staff <input type="checkbox"/> Emergency Medical Services		

**Purpose/Protocol Statement:** FirstHealth has a fiscal responsibility to ensure that accounts are paid promptly and that proper business practices are followed in attempting to collect insurance and patient balances. FirstHealth also recognizes that out-of-pocket healthcare costs are rising and collecting from patients can be challenging. Many of these procedures are provided as a toolkit for staff to utilize when serving our patients, and staff is empowered to deviate from these procedures on a case-by-case basis. FirstHealth also has the responsibility to ensure that our Credit and Collection procedure is available to the general public. To meet this need, plain language summaries of this procedure are made available at the point of registration and are published on our FirstHealth website: [www.firsthealth.org](http://www.firsthealth.org).

FirstHealth’s financial assistance policies shall cover all medically necessary services and shall not be required to cover costs associated with elective procedures or cosmetic surgery, as defined by the Department of Health Benefits (DHB) Clinical Coverage Policy No: 1-O-1 [Clinical Coverage Policy No: 1-O-1](#).

At the time of registration or pre-registration, patients will be informed of their estimated out-of-pocket responsibility based on information provided. Payment in full is requested at or before the time of service for non-emergent medical services. Patients will be screened for presumptive eligibility based on income-based and non-income based criteria according to the North Carolina Medical Debt Mitigation Program guidelines. Patients are approved for financial assistance based on either income-based presumptive eligibility screening using patient publicly reported data provided by a third-party vendor; or the Guarantor attestation of qualification to non-income based screening questions. Guarantors are not required to provide documentation or other verification of meeting eligibility criteria. Medicaid enrolled patients shall be notified of their qualification for debt relief under the North Carolina Medical Debt Mitigation Program during the preregistration or registration process.

**Licensure/Certifications:** (None)

**Definitions/Abbreviations:**

Guarantor – The person or entity legally responsible for paying a patient’s medical debt. All patients 18 years or older are their own guarantor. Often, the guarantor is the patient’s parent or legal guardian when the patient is a minor or incapacitated. The guarantor receives patient statements, is responsible for payment of any remaining balances after insurance or self-pay balances and may be contacted by external collection agencies regarding unpaid debt.

**Content:**

Payment for services is expected at or before the time services are rendered; however, FirstHealth of the Carolinas will provide all emergency and other medically necessary medical care to all persons in need of such care, regardless of their ability to pay. Although reimbursement is critical to the operation and stability of FirstHealth, it is recognized that not all individuals possess the ability to purchase essential medical services. Therefore, in keeping with our core purpose, "To Care for People," FirstHealth will identify programs (government assistance programs and grants, North Carolina Medical Debt Mitigation Program, as well as FirstHealth's Financial Assistance Program) that will assist our patients with their financial needs.

**A. PROCEDURE:**

- a. At the time of registration or pre-registration, patients will be informed of their estimated out-of-pocket based on information provided.
  - i. Payment in full is requested at or before the time of service for non-emergent medical services.
- b. If the patient cannot pay the full amount and the amount owed is **less than \$1,000**, review prior balances to determine: ***Is there a history of bad debt?***
  - i. **If no,**
    1. Ask the patient how much they can pay today and establish a payment arrangement for the remaining balance.
  - ii. **If yes,**
    1. Inform the patient of their prior accounts and work with the patient to establish an acceptable payment arrangement. If this cannot be achieved, review the account with management. Services may be delayed based on management review and in agreement with the patient's provider.
- c. If the patient cannot pay the full amount, and the amount owed is **greater than \$1,000**, review prior balances to determine: ***Is there a history of bad debt?***
  - i. **If no,**
    1. Request a deposit of 50% of the total out-of-pocket expense and establish a payment arrangement for the remaining balance. If the patient cannot pay this amount, work with the patient to establish an acceptable deposit and payment plan.
  - ii. **If yes,**
    1. Request a deposit of 50% of the total out-of-pocket expense, inform the patient of their prior accounts and attempt to establish payment arrangements on the prior accounts. If the patient cannot pay a 50% deposit on the current account, inform the patient that this service may be delayed and review the account with management.
- d. If payment arrangements cannot be met, Pre-Services staff/management will communicate with the patient and physician office and will attempt to reschedule the appointment for a date that meets the medical and financial needs of all parties involved.
  - i. If the patient cannot be delayed due to the urgency of the procedure, management may request review from the Chief Medical Officer or, in the case of clinic services, review from the clinic manager and the patient's provider to determine if services should be delayed until acceptable payment arrangements are made.
- e. Any pre-cert or authorization obtained from insurance companies will be reviewed to ensure the rescheduled appointment is still within the allowed timeframe.
- f. Certain payors may not allow FirstHealth to delay services for insured patients due to a lack of patient payment (due to regulation or contractual arrangement).

*If an acceptable payment cannot be made as described above, other arrangements are discussed, which are described in this procedure.*

**B. MONTHLY PAYMENTS:**

- a. may be accepted for a period not to exceed three years (36 months), unless extended by authorized personnel. The payment options available to patients:
  - i. FirstHealth Payment Plan – FirstHealth will provide an interest-free payment plan to patients based on their total account balance. If the balance is:
    1. **less than \$300**, the term will be one (1) year and the minimum payment due will be the greater of \$25.00 or 1/12<sup>th</sup> of the patient balance.
    2. **between \$301 and \$2,000**, the term will be one (1) year and the minimum payment due will be the greater of \$50.00 or 1/12<sup>th</sup> of the patient balance.
    3. **between \$2,001 and \$5,000**, the term may be up to two (2) years and the minimum payment due will be 1/24<sup>th</sup> of the patient balance.
    4. **over \$5,000**, the term may be up to three (3) years and the minimum payment due will be 1/36<sup>th</sup> of the account balance.
    5. For individuals with incomes between 200 - 300% FPL, FirstHealth will offer a payment plan that does not exceed a duration of 36 months with monthly payments no greater than 5% of monthly gross household income.
    6. For patients without insurance, the first payment is requested before or at the time services are provided and within every thirty (30) days thereafter.
    7. For insured patients, the first payment is requested before or at the time services are provided and within every thirty (30) days after their insurance payment is received.
  - ii. FirstHealth Payroll Deduction – FirstHealth will provide its employees with the opportunity to have their medical bills deducted from their pay via payroll deduction by completion of a payroll deduction letter.
    1. The payroll deduction amount is based on the total amount of all account balances owed by the employee and/or accounts for which the employee is responsible.
    2. New employee payroll deduction letters will be mailed to the employee’s home address for each visit, or each time they have a new patient responsibility, if they elect to continue paying all accounts through payroll deduction.
  - iii. Prompt Pay Discount - Prompt payment discounts up to 25% for hospital services and 40% for clinic services are available for patients who do not qualify for other financial arrangements, including patients without health insurance and insured patients receiving care that is not covered by their insurance plan. The discounts do not apply to patient balances after insurance. Other arrangements may be made when deemed necessary by authorized hospital and clinic personnel. FirstHealth may design self-pay programs which are not covered by insurance (e.g., CT lung screening, bariatric surgery) but are in demand in the marketplace. These services are excluded from the prompt payment discount.

**C. FINANCIAL ASSISTANCE PROGRAMS:**

- a. If the patient is unable to pay, customer service representatives are available to help identify programs they may qualify for, including Medicaid, Vocational Rehabilitation and North Carolina Purchase of Care Services. Criteria to qualify for federal or state programs are based on specific guidelines for the program.
- b. Beginning January 1, 2025, FirstHealth will perform a *non-income based* presumptive eligibility screening on all guarantors during the *hospital services* preregistration/registration process according to North Carolina Medicaid Debt Mitigation program guidelines. Guarantors ( ) are approved for financial assistance based on the Guarantor attestation of qualification to non-income based questions. Guarantors are not required to provide documentation or other verification of meeting eligibility criteria. These criteria include the following (patients must meet at least one):
  - i. Homelessness
  - ii. Mental incapacitation with no one to act on the patient’s behalf

- iii. Enrollment in Medicaid of patient or a child in their household; For purposes of presumptive eligibility requirements, a child shall be considered part of the patient's household if the child is part of the patient's household for purposes of Medicaid eligibility, as defined under 42 CFR 435.603(f)(3); for simplicity, the Department will rely on the definition of a Medicaid household for non-tax filers. Under this definition, the household includes the following:
  - 1. The individual
  - 2. Their spouse
  - 3. If living with the individual, the individual's children (defined as a natural or biological, adopted, or stepchild under the age of 19)
- iv. Enrollment in another means-tested public assistance program (including, but not limited to Women, Infants and Children Nutrition Program (WIC), Supplemental Nutrition Assistance Program (SNAP), Medication Assistance Programs, etc.)
- c. On July 1, 2025, FirstHealth will complete a one-time lookback to identify and relieve all unpaid patient medical debt dating back to January 1, 2014, for patients (and patient's spouse) currently enrolled in Medicaid (including in limited benefit family panning coverage). For purposes of this policy, "current" is defined as the patient was enrolled in Medicaid at the time FirstHealth or a third-party partner analyzed data identifying patient accounts eligible for reclassification of debt as financial assistance.
- d. Beginning July 1, 2025, and thereafter, FirstHealth shall evaluate all patients enrolled in Medicaid for past medical debt within 60 days of the patient's inpatient discharge or outpatient encounter and shall reclassify any past debt of the patient (and patient's spouse) as financial assistance. FirstHealth shall proactively relieve past medical debt of Medicaid-enrolled patients (and patient's spouse) who contact the organization to inquire about medical debt relief. Patients shall be informed within 30 days of reclassification of their debt as financial assistance.
- e. In the event a patient does not qualify for any type of government assistance program, they may qualify for aid through FirstHealth's Financial Assistance Program based on the following criteria:
  - i. Amount of assistance is based on a percentage of the most recent federal poverty guidelines published by the [Department of Health and Human Services](#), as well as the guidelines established by FirstHealth of the Carolinas.
  - ii. The financial aid percentage discount considers the "amount generally billed" by FirstHealth of the Carolinas.
  - iii. This amount is calculated on an annual basis by the Vice President of Finance and will be updated in conjunction with the federal poverty guidelines.
  - iv. The "amount generally billed" will be an estimate based on a historical review of FirstHealth's overall estimate of Net Revenue divided by Total Charges.
  - v. This amount will also be the financial aid percentage used in the third tier (far-right column in Appendix A) of the poverty guidelines to ensure any patient that qualifies for financial assistance under our policy will only be responsible for the amount generally billed to our population.
- f. Process for determining financial assistance:
  - i. All patients/guarantors are deemed presumptively eligible for financial assistance if they have household income up to 360% of Federal Poverty Level (if they do not already meet non-income-based criteria). FirstHealth will use third-party software tools or services to verify patient eligibility for income-based PE.
  - ii. Patients/guarantors deemed not eligible for income-based presumptive eligibility, but indicate a financial hardship are interviewed by a customer service representative to identify extenuating circumstances and to evaluate all available sources of funding for the patient, including, but not limited to, Medicaid, Vocational Rehab, Crime Victims Assistance, health plans offered by the Marketplace, and other commercial insurance, etc.
    - 1. If the patient does not comply with the financial counselor's recommendations for other possible funding sources, access to FirstHealth's Financial Assistance Program may be denied or limited.
    - 2. Patients who are eligible for liability coverage are not eligible for financial assistance.

3. Patients can access our Financial Aid Application and a plain language summary of our Credit and Collection policy (in both English and Spanish), free of charge, at the time of registration, from our patient accounting office or through our website.
  4. Patients may apply for financial assistance securely on-line through FirstHealth MyChart or complete the application to submit by mail or secure fax.
  5. Customer Service Representatives are available in the Pre-Registration, Registration and Business office areas to assist patients with applying for financial assistance over the telephone.
  6. Upon exhausting all other methods of payment, the patient completes a Financial Aid Application, which includes an analysis of income, assets, expenses and liabilities.
  7. Documentation is requested to support the patient's financial position (extenuating circumstance).
  8. Documentation is reviewed in conjunction with the Financial Aid Application to ensure consistency and accuracy of the patient's financial position.
  9. Documentation supporting the financial hardship will always be requested but may not always be made available by the patient.
    - a. Under these circumstances it is left to the discretion of the financial counselor and their supervisor to review the application, approve or deny the financial aid, and to document in the account notes the rationale for their determination.
    - b. Documentation of income may include utilizing a consumer credit verification tool such as Experian, Equifax, Dunn & Bradstreet, TransUnion, etc.
    - c. The documentation requirement for non-liquid assets can be bypassed if the value of the assets is reasonably stated and the patient's income is validated and meets the FirstHealth poverty guidelines. The signature by the patient or family member on the application is not a requirement for determining indigence.
- g. Emergency Department services:
- i. will qualify for 100% financial aid under FirstHealth's Financial Assistance Program.
  - ii. All copayments are excluded from financial assistance.
  - iii. Uninsured patients will have a copayment of \$40.00 upon discharge from the Emergency Department.
  - iv. Collection activity is prohibited in the Emergency Department prior to service. After the patient has been seen by a physician, the procedure outlined above should be utilized when discussing payment arrangements with the patient. Collections and financial counseling activity may only occur in the Emergency Department at the time of discharge.
- h. Elective services:
- i. Elective and/or cosmetic procedures are not eligible for financial assistance.
  - ii. Elective and/or cosmetic services do not qualify for a payment plan unless approved by authorized personnel.
- i. Clinic services:
- i. will qualify for up to 100% financial aid under FirstHealth's Financial Assistance Program. All copayments are excluded from financial assistance.
  - ii. Uninsured patients will be charged a nominal fee of \$25.00 at the clinics and \$40.00 at the Convenient Care.
  - iii. Due to NHSC (National Health Services Corp) program requirements, patients can qualify for assistance based on their income and family size and no other factors; patients at or below 100% of poverty guideline can receive a full discount.
- j. Hospice and Palliative Care Services:
- i. Hospice and Palliative Care patients who meet the financial assistance guidelines will qualify for 100% financial aid under FirstHealth's Financial Assistance Program for any Hospice and/or Palliative charges.
- k. Trillium Mental Health Services:

- i. Patients screened and approved for Inpatient Behavioral Health services through Trillium Mental Health will qualify for 100% financial assistance.
- l. All other services:
  - i. will qualify for up to 100% financial aid under FirstHealth’s Financial Assistance Program.
  - ii. Any services requiring implantable devices require a review of the direct cost of those implants.
  - iii. The estimated cost should be paid by the patient and excluded from the financial aid calculation.
  - iv. The remaining balance is requested from the patient prior to service, or through a monthly payment plan established within this policy.
  - v. If payment arrangements cannot be met, Pre-Services staff/management will communicate with the patient and physician office and will attempt to reschedule the appointment to a date that meets the medical and financial needs of all parties involved.
  - vi. If the patient cannot be delayed due to the urgency of the procedure, management may request review from the Chief Medical Officer.
- m. If FirstHealth receives notification of bankruptcy from its agency, the account will be closed and returned. Any debt forgiven through Medical Debt Mitigation is retracted from consumer credit reports.
- n. Patients presenting from the Moore Free Care Clinic will qualify for a 100% financial aid adjustment
- o. Patients presenting from the Montgomery County Panagia Prousiotissa Greek Orthodox Monastery or the Holy Convent of Panagia Prousiotissa will qualify for 100% financial aid adjustment, pending completion of Section A, steps b and c.
- p. Any patient that provides an incomplete application will be notified within sixty (60) days that the application will not be approved until all required documentation is provided.
  - i. A third-party vendor may be utilized to evaluate the patient’s presumed indigence through credit scoring if indigence cannot be determined through the application process.
  - ii. A patient that does not complete an application is not considered to be “financial aid eligible” and should not receive a financial aid discount.
- q. Financial assistance can be applied to any of the patient’s accounts on a retroactive basis if the date of service is less than twenty-four (24) months from the date the financial assistance was approved. Also, the financial assistance can be applied proactively to any patient’s accounts if the date of service occurs within twelve (12) months from the date of application, at which time the patient must reapply. Additional accounts outside of this date range can be included by authorized hospital personnel.
- r. Healthcare providers in our community are notified of our financial aid determinations by the following methodologies:
  - i. On a weekly basis, Sandhills Emergency Physicians and Pinehurst Anesthesia are electronically notified of all patients that qualified under the FirstHealth Financial Assistance Program. Both providers apply the same financial aid percentage adjustment to their claim as FirstHealth.
  - ii. Patient approval letters are sent, which contain information about their financial aid adjustment and encourages them to share this letter with any other healthcare provider they utilize. Providers use their own discretion in determining indigence.
- s. Financial Assistance adjustments should be calculated based on the total amount of patient responsibility.
  - i. Any collection actions taken against the patient for accounts approved for financial assistance and completely resolved (i.e. zero balance) should be reversed.
  - ii. Payments made by the patient during the financial review process, or on current accounts that have been approved for financial assistance, should be refunded to the guarantor.
  - iii. A current account is defined as any account discharged within two hundred forty (240) days prior to the application submission date.
- t. Beginning January 1, 2026, FirstHealth will perform an income-based presumptive eligibility screening on all guarantors during the *hospital services* preregistration/registration process according to North Carolina Medicaid Debt Mitigation program guidelines. Guarantors are approved for financial assistance based on the guarantor household income compared to the Federal Poverty Level (FPL) below. Guarantors are not required to provide documentation or other verification of meeting eligibility criteria.

**D. Collection Criteria:**

- a. Patient Statement:
  - i. For hospital services, at the time of pre-registration or registration, patients are provided with an estimate of the total patient responsibility.
  - ii. For clinic services, the estimation for all services may not be provided until time of check-out.
  - iii. A “point of service” statement with detailed charges is available for the patient at the time of outpatient services.
    1. The “point of service” bill may not be inclusive of all charges. Full charges are indicated on the patient’s first statement. Itemized bills are available at the request of the patient or guarantor.
  - iv. A preliminary financial assistance assessment will be made at the time of pre-registration and presented to the patient, pending completion of all requirements as stated above in Section A.
- b. FirstHealth will mail or email statements every thirty (30) days for a total of one hundred twenty (120) days, for balances greater than \$1.49.
  - i. Account balances between \$1.49 and -\$1.49 will be automatically adjusted to zero.
  - ii. Credits greater than -\$1.49 will be applied to outstanding patient balances, or in the absence of outstanding amounts owed, refunded to the Guarantor.
  - iii. If the account is not paid in full or acceptable payment arrangements made, FirstHealth will mail a final notice.
  - iv. Patients who have elected paperless billing will receive the final notice in paper form.
  - v. If the balance is still not satisfied, the account will be sent to FirstHealth’s collection agency.
  - vi. Every statement sent contains visible, easy to understand language (in both English and Spanish) encouraging patients to contact us regarding our financial aid or other assistance. Also, an automated phone call is made on the final notice, which refers to our financial aid and informs the patient that the account will be sent to an outside collection agency if financial arrangements are not made.
  - vii. During the collection or billing cycle, we may be notified that the patient has deceased. FirstHealth will attempt to collect the debt for one hundred twenty (120) days and may send an inquiry to the Clerk of Court requesting information on the patient’s estate. Depending on the response, authorized hospital personnel may file a claim on the estate, apply a financial aid adjustment, or cease all collection activity.

**E. Letter Follow-up:**

- a. FirstHealth may follow up by letter on third-party coverage.
- b. Self-pay accounts will be followed up for possible state or federal assistance programs.
- c. While coverage is in the process of being determined, the patient will receive a letter every thirty (30) days advising them that FirstHealth is still evaluating their account for possible assistance.
- d. When no coverage is available, the balance will be due and the above schedule for patient statements will follow.

**F. Disputes:**

- a. Patients are able to request an itemized statement by contacting the Business Office.
- b. If the patient disputes the validity of any charges, a Nurse Auditor will review the itemized statement, compare it to their medical record and provide findings to management for review.
- c. Patient Accounts staff/management will discuss the Nurse Auditor’s findings with the patient and resolve the dispute.

**G. Third-Party Coverage:**

- a. FirstHealth will bill all third-party payors for the responsible party when the responsible party has furnished the necessary information in a timely manner and benefits are assigned to FirstHealth.

**H. Liability Claims:**

- a. FirstHealth will file liability claims as a courtesy to the patient.
- b. If the patient does not have other healthcare coverage, their accounts will follow the collection criteria described above.
- c. All liability insurance information necessary for filing a claim should be obtained at registration.

**I. Bad Debts:**

- a. Definition:
  - i. FirstHealth does not sell debt to external agencies/third party debt collectors. All debt placed with external agencies remain the property of FirstHealth.
  - ii. FirstHealth will recognize accounts turned over to attorneys and collection agencies as bad debts.
  - iii. FirstHealth also recognizes any patient responsibility greater than a certain age as bad debt to the organization and will move these accounts to an internal agency per the Bad Debt Transfer policy.
  - iv. Any guarantor with a history of non-payment on accounts will be outsourced to an outside agency.
- b. Criteria: FirstHealth will recognize accounts as bad debts when the accounts have been through the hospital statement process without any acceptable response. Exceptions to this are as follows:
  - i. Account is pending Medicare or Medicaid for known reasons.
  - ii. Authorized hospital personnel recognize prior to seventy-five (75) days that the account should go to an attorney, collection agency or for judgment.
  - iii. Authorized hospital personnel have other documented reasons not mentioned above.
- c. Methodology: All external collection agencies follow FirstHealth's non-aggressive collection methodology and requirements.
  - i. Collection actions will not result in:
    1. An individual's arrest to collect debt.
    2. an individual to be held in civil contempt or imprisoned to collect medical debt
    3. foreclosure on an individual's real property to collect medical debt
    4. garnishment of wages or State income tax refunds to collect medical debt
    5. Any extraordinary collection actions.
    6. reporting a patient's debt to a credit reporting agency.
    7. Legal action of any kind.
- d. Accounts will be deemed uncollectible and returned from collection agencies after the following criteria are met:
  - i. Moore Regional Hospital and all FirstHealth clinics:
    1. Account is placed with second placement agency for two (2) years.
    2. Account balance is less than \$5,000.00.
    3. No active collection activity at the agency over the past six (6) months.
  - ii. Montgomery Memorial Hospital:
    1. Account is placed with second placement agency for one (1) year.
    2. Account balance is less than \$1,500.00.
    3. No active collection activity over the past six (6) months.

*Accounts can also be returned from agency on a case-by-case basis by authorized hospital personnel.*

**Cross References:** (None)

**Resources and References:**

[Federal Poverty Guidelines - Department of Health and Human Services](#)  
[Financial Assistance - FirstHealth Web Site](#)

**Attachments:**

**Appendix A: 2026 Poverty Guidelines**

*The 2026 poverty guidelines are in effect as of January 19, 2026.*

2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia		FirstHealth of the Carolinas Financial Assistance Determination		
Persons in Family or Household	Poverty Guideline	100% Financial Aid	80% Financial Aid	70% Financial Aid
		<i>Income up to:</i>	<i>Income up to:</i>	<i>Income up to:</i>
<b>1</b>	\$15,960	\$31,920	\$44,688	\$57,456
<b>2</b>	\$21,640	\$43,280	\$60,592	\$77,904
<b>3</b>	\$27,320	\$54,640	\$76,496	\$98,352
<b>4</b>	\$33,000	\$66,000	\$92,400	\$118,800
<b>5</b>	\$38,680	\$77,360	\$108,304	\$139,248
<b>6</b>	\$44,360	\$88,720	\$124,208	\$159,696
<b>7</b>	\$50,040	\$100,080	\$140,112	\$180,144
<b>8</b>	\$55,720	\$111,440	\$156,016	\$200,592
<i>For families/households with more than 8 persons, add \$5,680 for each additional person</i>		<b>200%</b> of Poverty Guideline	<b>280%</b> of Poverty Guideline	<b>360%</b> of Poverty Guideline

- ❖ North Carolina Medical Debt Mitigation Program requirements are:
  - i. Discount of 100% for individuals with incomes below 200% FPL.
  - ii. Discount of at least 75% for individuals with incomes between 200% – 250% FPL.
  - iii. Discount of at least 50% for individuals with incomes between 250% - 300% FPL