Gateway Healthcare Financial Assistance Scale

Gateway Healthcare, Inc. is proud of its commitment to provide quality care to all.

Gateway serves clients without health insurance or who are under-insured and who may not be able to pay for their full care. Full financial assistance is given to clients with incomes below 200% poverty level and partial assistance to clients with incomes between 200% & 300% of the poverty level. Clients over 300% are not eligible for financial assistance, but do receive a discount to the standard rate.

Payment plans may also be requested.

FPL below 200%			FPL	%-300%	FPL above 300%			
Family Cina	Free	tor Income		90	% Discount for		33	% Discount for
Family Size	Below:		Family Size	Ir	ncome Up To:	Family Size	I	ncome Over:
1	\$	30,120	1	\$	45,180	1	\$	45,180
2	\$	40,880	2	\$	61,320	2	\$	61,320
3	\$	51,640	3	\$	77,460	3	\$	77,460
4	\$	62,400	4	\$	93,600	4	\$	93,600
5	\$	73,160	5	\$	109,740	5	\$	109,740
6	\$	83,920	6	\$	125,880	6	\$	125,880
7	\$	94,680	7	\$	142,020	7	\$	142,020
8	\$	105,440	8	\$	158,160	8	\$	158,160
9	\$	116,200	9	\$	174,300	9	\$	174,300
10	\$	126,960	10	\$	190,440	10	\$	190,440

General Outpatient Therapy Generally Billed Amount: \$228/session											
	Free		\$22	.80/	session		\$152.76/session				
Family Size	Free for Income			909	% Discount for			33	% Discount for		
Family Size	Below:		Family Size	Income Up To:			Family Size	I	ncome Over:		
1	\$ 30,120		1	\$	45,180		1	\$	45,180		
2	\$ 40,880		2	\$	61,320		2	\$	61,320		
3	\$ 51,640		3	\$	77,460		3	\$	77,460		
4	\$ 62,400		4	\$	93,600		4	\$	93,600		
5	\$ 73,160		5	\$	109,740		5	\$	109,740		
6	\$ 83,920		6	\$	125,880		6	\$	125,880		
7	\$ 94,680		7	\$	142,020		7	\$	142,020		
8	\$ 105,440		8	\$	158,160		8	\$	158,160		
9	\$ 116,200		9	\$	174,300		9	\$	174,300		
10	\$ 126,960		10	\$	190,440		10	\$	190,440		

Children's Intensive Home Based Services Generally Billed Amount - \$160/hour										
Free				\$	hour		\$107.20/hour			
Family Size	Free	for Income			90	% Discount for			33	% Discount for
Family Size	Below:			Family Size	Income Up To:			Family Size	Income Over:	
1	\$	30,120		1	\$	45,180		1	\$	45,180
2	\$	40,880		2	\$	61,320		2	\$	61,320
3	\$	51,640		3	\$	77,460		3	\$	77,460
4	\$	62,400		4	\$	93,600		4	\$	93,600
5	\$	73,160		5	\$	109,740		5	\$	109,740
6	\$	83,920		6	\$	125,880		6	\$	125,880
7	\$	94,680		7	\$	142,020		7	\$	142,020
8	\$	105,440		8	\$	158,160		8	\$	158,160
9	\$	116,200		9	\$	174,300		9	\$	174,300
10	\$	126,960		10	\$	190,440		10	\$	190,440

Health Home Team Generally Billed Amount - \$540 monthly fee											
Free				\$5	54/m	onth		\$361.80/month			
Family Size	Free for In	come			909	% Discount for			339	% Discount for	
ranning Size	Below:			Family Size	Income Up To:			Family Size	Income Over:		
1	\$	30,120		1	\$	45,180		1	\$	45,180	
2	\$	40,880		2	\$	61,320		2	\$	61,320	
3	\$	51,640		3	\$	77,460		3	\$	77,460	
4	\$	62,400		4	\$	93,600		4	\$	93,600	
5	\$	73,160		5	\$	109,740		5	\$	109,740	
6	\$	83,920		6	\$	125,880		6	\$	125,880	
7	\$	94,680		7	\$	142,020		7	\$	142,020	
8	\$ 1	105,440		8	\$	158,160		8	\$	158,160	
9	\$ 1	116,200		9	\$	174,300		9	\$	174,300	
10	\$ 1	126,960		10	\$	190,440		10	\$	190,440	

ACT Team Generally Billed Amount - \$1860 monthly fee										
		\$1	nonth		\$1246.20/month					
Family Size	Free for Inco	me			90%	% Discount for			339	% Discount for
Family Size	Below:			Family Size	Income Up To:			Family Size	Income Over:	
1	\$ 30	,120		1	\$	45,180		1	\$	45,180
2	\$ 40	,880		2	\$	61,320		2	\$	61,320
3	\$ 51	,640		3	\$	77,460		3	\$	77,460
4	\$ 62	,400		4	\$	93,600		4	\$	93,600
5	\$ 73	,160		5	\$	109,740		5	\$	109,740
6	\$ 83	,920		6	\$	125,880		6	\$	125,880
7	\$ 94	,680		7	\$	142,020		7	\$	142,020
8	\$ 105	,440		8	\$	158,160		8	\$	158,160
9	\$ 116	,200		9	\$	174,300		9	\$	174,300
10	\$ 126	,960		10	\$	190,440		10	\$	190,440

Psych Rehab & Vocational Services Generally Billed Amount - \$110/hour											
		\$	hour		\$73.70/hour						
Family Cine	Free for Income			90	% Discount for			33	% Discount for		
Family Size	Below:		Family Size	Income Up To:			Family Size	ı	ncome Over:		
1	\$ 30,120		1	\$	45,180		1	\$	45,180		
2	\$ 40,880		2	\$	61,320		2	\$	61,320		
3	\$ 51,640		3	\$	77,460		3	\$	77,460		
4	\$ 62,400		4	\$	93,600		4	\$	93,600		
5	\$ 73,160		5	\$	109,740		5	\$	109,740		
6	\$ 83,920		6	\$	125,880		6	\$	125,880		
7	\$ 94,680		7	\$	142,020		7	\$	142,020		
8	\$ 105,440		8	\$	158,160		8	\$	158,160		
9	\$ 116,200		9	\$	174,300		9	\$	174,300		
10	\$ 126,960		10	\$	190,440		10	\$	190,440		

To find out if you qualify for Financial-Aid, please contact a Registration Staff Member at your Gateway facility or call Gateway Finance at 401-724-8400.

- Gateway Healthcare, 103 Bacon St., Pawtucket, RI 02860
- Gateway Healthcare, 1443 Hartford Ave., Johnston, RI 02919
- Gateway Healthcare, 4705A Old Post Road, Charlestown, RI 02813

If you are denied Financial-Aid, you may appeal the decision. You may also request the appeal process from the contact above.