

Cibola General Hospital 1016 E. Roosevelt Ave. Grants, NM 87020 Phone: 505-287-4446 Fax: 505-287-5309		Policy # 902027
Title: Patient Discount Policy		
Policy First Effective Date: 12/05/2025	Last Revision Date: 12/05/2025	Last Review Date: 12/05/2025

Purpose

The purpose of this policy is to ensure fair and consistent application of patient discounts, making services accessible to individuals who may experience financial hardship, while maintaining compliance with applicable laws and regulations.

Scope

This policy applies to all patients receiving services from Cibola General Hospital Corporation, which includes Cibola General Hospital (CGH), Cibola Family Health Center (CFHC), Cibola Specialty Associates (CSA), and Cibola Behavioral Health and Wellness (CBHW) regardless of race, color, national origin, sex (including pregnancy, sexual orientation, and gender identity), age, disability, ability to pay, and other categories protected by law.

Eligibility Criteria

Discounts are available to patients who meet one or more of the following:

- Household income at or below 100% of the Federal Poverty Guidelines (FPG)
- Demonstrated financial hardship due to medical expenses or loss of income
- Special circumstances approved by the Financial Assistance Committee
- 902025 Sliding Fee Discount Program Policy

4. Discount Structure

For purposes of determining discounts, reference policy 902025 of the Sliding Fee Discount Program Policy for CGHC.

Patients who are not eligible for insurance coverage or hospital financial assistance may still qualify for the self-pay discount. For New Mexico residents, this discount provides a 40 percent reduction on hospital and physician charges when the remaining 60 percent is paid in full at the time of service. Patients who are unable to pay 60 percent at the time of service may instead be eligible for a 20 percent discount, with a payment plan available for the remaining 80 percent of the charges.

Self-pay discount and financial assistance are available only to uninsured patients with no other funding source. If your care is covered by third-party liability insurance, automobile insurance, or medical payments coverage, self-pay discount or financial assistance will not apply.

SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)* Patients with incomes above 100% of poverty, but at or below 200% poverty, will be charged a nominal fee according to the sliding fee schedule based on their family size and income.

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,650	\$17,215	\$18,780	\$20,345	\$21,910	\$23,475	\$25,040	\$26,605	\$28,170	\$29,735	\$31,300	>\$31,300
2	\$21,150	\$23,265	\$25,380	\$27,495	\$29,610	\$31,725	\$33,840	\$35,955	\$38,070	\$40,185	\$42,300	>\$42,300
3	\$26,650	\$29,315	\$31,980	\$34,645	\$37,310	\$39,975	\$42,640	\$45,305	\$47,970	\$50,635	\$53,300	>\$53,300
4	\$32,150	\$35,365	\$38,580	\$41,795	\$45,010	\$48,225	\$51,440	\$54,655	\$57,870	\$61,085	\$64,300	>\$64,300
5	\$37,650	\$41,415	\$45,180	\$48,945	\$52,710	\$56,475	\$60,240	\$64,005	\$67,770	\$71,535	\$75,300	>\$75,300
6	\$43,150	\$47,465	\$51,780	\$56,095	\$60,410	\$64,725	\$69,040	\$73,355	\$77,670	\$81,985	\$86,300	>\$86,300
7	\$48,650	\$53,515	\$58,380	\$63,245	\$68,110	\$72,975	\$77,840	\$82,705	\$87,570	\$92,435	\$97,300	>\$97,300
8	\$54,150	\$59,565	\$64,980	\$70,395	\$75,810	\$81,225	\$86,640	\$92,055	\$97,470	\$102,885	\$108,300	>\$108,300
For each additional person, add	\$5,500	\$6,050	\$6,600	\$7,150	\$7,700	\$8,250	\$8,800	\$9,350	\$9,900	\$10,450	\$11,000	>\$11,000

*Based on the 2025 [Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

5. Application Process

1. Patient completes the **Patient Discount Application Form**.
2. Submit proof of income (e.g., pay stubs, tax returns, unemployment benefits).
3. Financial Services reviews and determines eligibility within **10 business days**.
4. Written notification of approval or denial is provided to the patient.

6. Confidentiality

All patient financial information will be kept confidential in accordance with HIPAA and organizational privacy policies.

7. Exceptions

Any exceptions to this policy must be approved in writing by the Chief Finance Officer or designee.