GRACE HEARING, INC.

Financial Guidelines for Services

	A	B	C	D	E	F
	100% FPL	125% FPL	150% FPL	175% FPL	185% FPL	MAX 250% FPL
volunteer hours	*36*	*28*	*20*	*16*	*12*	*8*
Used Hearing Aid	$80	$135	$200	$250	$350	$425
High-Used Hearing Aid	$125	$175	$225	$275	$375	$450
New Hearing Aid	$175	$275	$375	$475	$675	$825

Cochlear Accessories						
Up to $1000/item	50% off	40% off	30% off	20% off	10% off	Cost

** Does not include processor replacement*

Family Size

	**Nominal Fee*	*75% off*	*65% off*	*50% off*	*25% off*	*Pay 100%*
1	13,590	16,988	20,385	23,783	25,142	33,975
2	18,310	22,888	27,465	32,043	33,874	45,775
3	23,030	28,788	34,545	40,303	42,606	57,575
4	27,750	34,688	41,625	48,563	51,338	69,375
5	32,470	40,588	48,705	56,823	60,070	81,175
6	37,190	46,488	55,785	65,083	68,802	92,975
7	41,910	52,388	62,865	73,343	77,534	104,775
8	46,630	58,288	69,945	81,603	86,266	116,575

Add $4720/year for every additional person in household over 8.

Maximum Savings/Retirement/IRA/Cash Flow:

If more than $10,000 in cash reserves and/or savings, patient will self pay at 100% of services & fees.

If more than $50,000 of accessible finances in Retirement and/or Investments, patient will self pay at 100% of services & fees.

If more than $100,000 of accessible finances in Retirement and/or Investments, patients will not qualify for the program.

Proof of household income and assets is required. "Household" is defined as any individuals who live together in the same residence (regardless of familial relationship) who purchase, share, and/or prepare food together.

If an adult over age 18 is living in the home and paying rent/sharing expenses (documented), he/she can be classified as a border and their portion of rent only will be attributed as income to the household.

Note: if an adult living in the home is receiving more than 50% of his/her support (financial, food, shelter,etc.) from others in the home, he/she is considered a part of the household and therefore the financial head of household's income will be considered when determining eligibility of services.

Rev. 7-2022

**Nomial Fee*	
$5.00	$1-50
$10.00	$51-100
$20.00	$101-150
$25.00	$151-200
$35.00	$201-250
$40.00	$251-300
$50.00	$301-350
$55.00	$350-$400
$60-$70.00	$401-$550
$70-$80.00	$551-$650