Attachment B – 2026 Financial Assistance Discount Guidelines

Encompass Health Rehabilitation Hospital of Altamonte Springs
831 South State Road 434
Altamonte Springs, FL 32714
407.587.8600
ehc.rehab/AltamonteSpringsFA

2026 Family Income as a Percent of Federal Poverty Guidelines

		100% discount	**75% discount**	**50% discount**
Family size	Federal poverty guidelines*	Income less than or equal to 200% of FPG	Income of 201% - 300% of FPG	Income of 301% - 400% of FPG
1	$15,960	$0 - $31,920	$31,921 - $47,880	$47,881 - $63,840
2	$21,640	$0 - $43,280	$43,281 - $64,920	$64,921 - $86,560
3	$27,320	$0 - $54,640	$54,641 - $81,960	$81,961 - $109,280
4	$33,000	$0 - $66,000	$66,001 - $99,000	$99,001 - $132,000
5	$38,680	$0 - $77,360	$77,361 - $116,040	$116,041 - $154,720
6	$44,360	$0 - $88,720	$88,721 - $133,080	$133,081 - $177,440
7	$50,040	$0 - $100,080	$100,081 - $150,120	$150,121 - $200,160
8	$55,720	$0 - $111,440	$111,441 - $167,160	$167,161 - $222,880

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** For family units with more than 8 people, add $5,680 for each additional person.*

Amounts charged to a patient eligible for Financial Assistance under this policy will be based on the applicable discount stated in the table above multiplied by the gross charges otherwise billable to the patient, subject to the "AGB" limitation described below.

In accordance with Internal Revenue Code section 501(r), a patient eligible for Financial Assistance under this policy will not be charged more than the amount generally billed to individuals who have insurance covering such care ("AGB").

Facility has initially elected to calculate AGB under the "prospective Medicare method" described in applicable Treasury Regulations, using the billing and coding process the Facility would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount the Facility determines would be the total amount Medicare would allow for the care (including both the amounts that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).

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