



Stonewall Memorial Hospital District Income-Based Discount Programs

2026

Stonewall Memorial Hospital District
821 N. Broadway, Aspermont, TX 79502
(940) 989-3551

RE: Income-Based Discount Program

January 30, 2026

Stonewall Memorial Hospital District (SMHD) is committed to providing high-quality, patient-centered care to everyone, regardless of financial circumstances. Our Income-Based Discount Program helps uninsured and underinsured patients receive discounts on medically necessary services at our hospital and clinics.

To apply or renew, please complete the application and submit a Declaration of Income for each household member age 18 and older, whether employed or not. All sources of income including wages, cash, or other support must be included. A checklist is provided in this letter to guide you.

Once your application is reviewed, we will mail you a letter with your eligibility status. A new application must be submitted each year to remain eligible for the program. We will make every effort to notify you at least two weeks prior to your expiration date as a reminder to renew.

Program income guidelines follow the Federal Poverty Level and are updated annually. Current guidelines can be found here:

<https://www.nclc.org/wp-content/uploads/2026/01/2026-Eligibility-Guidelines.pdf>

If you have questions or need help with the application, please call us at (940) 989-3551. We're happy to assist.

Warm regards,

Elsie Castaneda
Admissions / Income Based Discount Coordinator
Stonewall Memorial Hospital District
(940) 989-3551 Ext: 202
FAX (940) 989-3395



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Purpose:

Stonewall Memorial Hospital District's (SMHD) mission is to be committed to providing access to safe, high quality, patient-centered healthcare by skilled and trusted professionals, while exceeding the customer's expectations. As part of our mission, we are steadfast in our commitment to provide quality healthcare services to all our patients regardless of their financial circumstances.

General Information:

- SMHD will strive to help uninsured and underinsured patients identify potential sources of public and private insurance coverage and will try to assist patients apply for coverage or direct them to other services and/or support that can help them get enrolled.
- The Income-Based Discount Program is available to patients served by SMHD at any point in the care continuum. The discount information and application will be available in English and Spanish on the SMHD website at: <https://www.stonewallhospital.org>
- **Discounts do not apply to co-pay amounts.**
- **Discounts only apply to services that are emergent or medically necessary. Elective procedures and non-medical necessary treatment is not covered under the Income-Based Discount Program at SMHD facilities.**
- **This discount program does not include services not provided at Stonewall Memorial Hospital or the SMHD Rural Health Clinics.** Services not covered include, but are not limited to, Radiology Associates, or Hendrick Laboratory. SMHD does not charge those fees and the discounts do not apply.
- If applicable, when the patient has insurance or other government assistance, SMHD will attempt to collect payment from those sources first and then the income-based discount, or another discount, can potentially be available for the patient's responsibility.
- Assistance regarding the Income-Based Discount Program is available during business hours, by calling or visiting the Business Office at SMHD, the Admissions Department at Stonewall Memorial Hospital or any SMHD Rural Health Clinics.
- An application should be completed for the income-based discount at SMHD. A prompt pay discount can be given without an application, following all other guidelines in the policy.
- Financial assistance to patients is offered through an income-based discount program, for medically necessary care, based on need. Eligibility can be determined by using the Federal Poverty Guidelines (FPG) which consider household income and family size.
- Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.
- When there is a legal obligation for a third party, such as Worker's Compensation, to pay a claim, the Income-Based Discount Program may not apply.
- The Income-Based Discount program offered by SMHD is based on the income level of the entire household as a group, meaning everyone living together in the house, regardless of family relationship.



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Types of Assistance:

- **Payment Agreements:** SMHD offers payment agreements to allow patients the opportunity to pay balances monthly. Agreements typically require at least 25% down, when service is performed, and a signed agreement that the patient will pay the balance monthly over twelve (12) months.
- **Prompt Pay Discounts:** SMHD offers a 40% Prompt Pay discount for patients that resolve their financial liabilities in full within thirty (30) days of the first billing statement date. Patients that receive payment agreements or other discounts do not qualify for the Prompt Pay Discount.
- **Income-Based Discounts:** SMHD offers financial assistance discounts based on household income level and family size. The income level is based on the Federal Poverty Guidelines (FPG). This discount program will include 100% care for homeless citizens, charity care, and indigent care, for applicants below the 400% FPG.

Income-Based Sliding Discount Scale (Effective January 2026):

Family Size	100% Discount	90% Discount	80% Discount	70% Discount	60% Discount	50% Discount
	≤ 400% FPG	≤ 500% FPG	≤ 600% FPG	≤ 700% FPG	≤ 800% FPG	≤ 900% FPG
1	\$63,760	\$79,700	\$95,640	\$111,580	\$127,520	\$143,460
2	\$86,560	\$108,200	\$129,840	\$151,480	\$173,120	\$194,760
3	\$109,280	\$136,600	\$163,920	\$191,240	\$218,560	\$245,880
4	\$132,000	\$165,000	\$198,000	\$231,000	\$264,000	\$297,000
5	\$154,720	\$193,400	\$232,080	\$270,760	\$309,440	\$348,120
6	\$177,440	\$221,800	\$266,160	\$310,520	\$354,880	\$399,240
7	\$200,160	\$250,200	\$300,240	\$350,280	\$400,320	\$450,360
8	\$222,880	\$278,600	\$334,320	\$390,040	\$445,760	\$501,480
9	\$245,600	\$307,000	\$368,400	\$429,800	\$491,200	\$552,600
10	\$268,320	\$335,400	\$402,480	\$469,560	\$536,640	\$603,720

- Based on single person 100% FPG of \$15,940. Each additional person adds \$5,680 to 100% FPG. Totals multiplied by the percent of FPG.
- Income levels are based on the 2026 Federal Poverty Guidelines. This chart will be updated annually as the FPG is updated.

<p>Sources of income can be defined as any:</p> <ul style="list-style-type: none"> • Gross wages, tips or wages. • Social security • SSI disability income, pensions, and annuities. • Child Support. • Unemployment and other forms of public subsidies. • Net income from self-employment. • Workers' Compensation • Unemployment compensation or government program determination letters 	<p>Documents accepted to verify income (but not limited to):</p> <ol style="list-style-type: none"> 1. Pay stubs: <i>If pay stubs are used, income levels must be rechecked every 6 months.</i> <ul style="list-style-type: none"> • Last four (4) pay stubs if paid weekly, • Last two (2) pay stubs if paid biweekly, • One (1) pay stub if paid monthly. 2. Tax returns: <i>If income tax returns are used, income levels must be rechecked each year.</i> 3. Telephone verification by the employer of the applicant's annual gross income 4. Bank statements 5. IRS Form WS-2, Wage and Earnings Statement
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Declaration of Income Statement (Declaracion do Ingresos)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Direccion)	City (Ciudad)	Zip Code (Codigo Postal)

State gross income for all household members, 18 years and older, who have no documentation of the income received in the 30-day period prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad o mas, y que no tienen documentacion de ingresos por los 30 días antes del aplicar para asistencia):*

#	Name (Nombre):	Gross Income Received (Ingreso Brute Recibido):
1		
2		
3		
4		
5		
6		

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la informacion proveida de los ingresos es verdadera y correcta segun mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido informacion falsa o fraudulenta.)*

Applicant Signature (firma del Solicitante)

Date (Fecha)

