

Financial Assistance at Wellfound

Wellfound Behavioral Health is committed to serving all patients, including those who lack health insurance coverage and who cannot pay for all or part of the essential care they receive. We are committed to treating all patients with compassion. We are committed to maintaining Financial Assistance policies that are consistent with our mission and values and that take into account an individual's ability to pay for medically necessary health care services. Patients qualifying for Financial Assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care. To learn more about how our Financial Assistance Team may help you with our Financial Assistance Programs **please visit www.wellfound.org/patients-visitors/billing-insurance-finance/ or call 253-301-5477.**

FINANCIAL ASSISTANCE POLICIES: Financial Assistance policies, plain language summaries, and application materials are available to you online or by mail. Translated copies are available. Please visit www.wellfound.org/patients-visitors/billing-insurance-finance/. Please call 253-301-5477 if you'd like to receive these materials by mail.

The following information summarizes our FINANCIAL ASSISTANCE PROGRAMS.

Patients may apply for Financial Assistance by submitting a Financial Assistance application with income information. Wellfound uses the Federal Poverty Guidelines to help determine what Financial Assistance Program best fits your needs.

INCOME IS UP TO 300% OF FEDERAL POVERTY GUIDELINES: After a financial assessment of the patient's income has been completed, the patient's bill will be reduced by 100% if their income level is at or below 300% of the Federal Poverty Guidelines.

INCOME IS 301 – 400% OF FEDERAL POVERTY GUIDELINES: After a financial assessment of the patient's income has been completed, the patient's bill will be reduced if their income level is between 301% and 400% of the Federal Poverty Guidelines.

2025 FEDERAL POVERTY GUIDELINES



Income Levels:				
FAMILY SIZE	Gross Annual Income	300%	350%	400%
1	\$15,650	\$46,950	\$54,775	\$62,600
2	\$21,150	\$63,450	\$74,025	\$84,600
3	\$26,650	\$79,950	\$93,275	\$106,600
4	\$32,150	\$96,450	\$112,525	\$128,600
5	\$37,650	\$112,950	\$131,775	\$150,600
6	\$43,150	\$129,450	\$151,025	\$172,600
7	\$48,650	\$145,950	\$170,275	\$194,600
8	\$54,150	\$162,450	\$189,525	\$216,600
9	\$59,650	\$178,950	\$208,775	\$238,600
10	\$65,150	\$195,450	\$228,025	\$260,600
EACH ADD'L	\$5,500			

MultiCare Health System Discount			
Poverty Level, Up To	300%	350%	400%
Charity Discount	100%	75%	70%
Patient Responsibility	0%	25%	30%