

Charity Care and Financial Aid Guidelines

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Title:	FINANCIAL ASSISTANCE FOR THE UNINSURED/UNDERINSURED	

PURPOSE:

Holy Redeemer Health System (HRHS) is a system of healthcare institutions that provides inpatient, outpatient and emergent services to patients. Core values to Care, Comfort and Heal are at the heart of our mission. These values dictate that we treat all patients with respect, compassion, hospitality, holistic care, collaboration, stewardship and justice. The organization is committed to provide care for all those in need, regardless of ability to pay for that care.

The purpose of this policy is to insure HRHS shall provide Financial Assistance and Charity Care, when warranted and as needed, to patients and clients for all emergent care and medically necessary services including but not limited to the following: inpatient and outpatient hospital services, outpatient surgery, skilled nursing care, home care, ambulatory surgery center, employed physicians (HRPAS) (see for Page 12 of this document for a list of providers) and other medically necessary services provided by related entities. Assisted Living, residential services and non-HRPAS physician services. See Page 20 of this document for a list of providers that are excluded from this policy.

DEFINITIONS:

Financial Assistance (FA): relates to the ability to receive care at a discounted rate. FA is to be provided to an uninsured or underinsured patient with a demonstrated inability to pay. A patient is eligible for Financial Assistance consideration based upon meeting certain income eligibility criteria as established by the Federal Poverty Income Guidelines.

Charity Care: represents health care services that are provided to uninsured patients, services where, based on the income level of the patient, a dramatically reduced payment, or no payment at all, may be expected. Charity Care may include co-pays, coinsurance, deductibles and non-covered services, if the patient fully meets the financial assistance eligibility criteria.

Uninsured Patient: an individual who does not have any health care coverage with a) a third party insurer; b) an ERISA Plan; c) a Federal Health Care Program (including Medicare, Medicaid, SCHIP or Tricare); d) Worker Compensation; e) Medical Savings Account or any other form of coverage for all or any part of the bill.

Underinsured Patient: an individual who does have health insurance, but specific circumstances exist making the self-pay portion of a bill something that the patient cannot afford to pay. The patient with these circumstances may qualify for Financial Assistance (based on Federal Poverty Income guidelines) for help with a portion of their remaining balance after insurance.

Urgent Care: care provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but requires prompt care and treatment as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours to avoid placing the health of the patient in serious jeopardy or to avoid serious impairment or dysfunction.

Emergent Care: care that is provided to a patient with an emergent medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient or unborn child in serious jeopardy, or serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Medical Necessity: any diagnostic study or procedure needed to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause suffering or pain resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative and less costly course of treatment available.

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POLICY:

HRHS is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all of its patients. HRHS intends, with this policy, to establish financial assistance policies that are consistent and compliant with all applicable federal, state and local laws.

It is the policy of HRHS to do due-diligence to differentiate between uninsured / underinsured patients who are unable to pay, and those who are able but unwilling to pay for all or part of their care. HRHS will provide Charity Care to those uninsured patients, and Financial Assistance to the underinsured, who are determined to be unable to pay based upon the eligibility criteria set forth herein. HRHS will seek payment from uninsured patients who do not qualify for Charity Care at an established Self-Pay discounted rate. While qualification for Charity Care and/or Financial Assistance is ideally determined at the time of service, HRHS will continue to review such determinations as circumstances change, further supporting evidence is acquired, and potential insurers or other financial resources are discovered during the billing or collection process.

This Financial Assistance and Charity Care Policy shall be readily available in plain language for all patients and their families to see at all HRHS locations of patient access. A copy of this policy – and all applicable application forms - can also be seen on the organization’s website. Business Office and Financial Clearance Unit employees are available to assist any patients with questions on this policy.

Services provided by non-employed physicians and other services provided by outside vendors are not covered by this policy. Patients seeking a discount for such services will be directed to call the non-employed physician or outside vendor accordingly. Please see Page 12 of this document for a list of providers of emergency or other medically necessary care covered by this Financial Assistance Policy. Please see Page 20 of this document for a list of providers who do not follow Holy Redeemer’s Financial Assistance Policy.

PROCEDURE:

A. Balances eligible for Financial Assistance

- a. Self pay balances on patient accounts for hospital, home health skilled nursing, ambulatory surgery center, and HRPAS physicians are eligible for consideration including:
 - i. Self pay balances (uninsured patients)
 - ii. Copayment, coinsurance, and deductible balances after all insurance payments which are not covered by any other insurance
- b. Amounts charged to an individual eligible for financial assistance under this policy will be limited to:
 - i. In the case of emergent or other medically necessary care, not more than the amounts generally billed (“AGB”) to individuals having insurance covering such care as determined by the look-back method. See Page 21 of this document for the calculated percentage.
 - ii. In the event that HRHS provides other medical care that is not medically necessary or emergent, it must charge less than the gross charges for each case.
- c. Any amounts paid in excess of the amount determined to be due under this policy shall be refunded.

B. Identifying patients unable to pay for needed services

- a. HRHS shall make best efforts to identify patients who may be unable to pay for needed services as soon as possible, subject to the conditions in this section.
- b. Consistent with the philosophy of Holy Redeemer Health System, patients seeking urgent or emergent care at HRHS shall be treated without regard to their ability to pay for care needed. HRHS shall operate in accordance with all federal, state, and local requirements for the provision of health care services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA)
- c. Patients who qualify for Charity Care shall be identified as soon as possible, either before

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- services are provided, subject to EMTALA, or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility prior to the provision of service, subject to EMTALA, such determination shall be made as soon as possible, but shall not exceed a period of 18 months after the provision of care.
- d. HRHS shall maintain documentation that includes physician orders for services and indicating the appropriate medical necessity of services for all patients who apply for Charity Care discounts.
 - e. HRHS shall publish in plain language, and post signage at all points of service/encounters and on the HRHS website, notices to advise patients of the availability of financial assistance.
 - f. HRHS shall include a conspicuous written notice on billing statements about the availability of financial assistance under this policy, including the telephone number of the Financial Clearance Department, and the web site address where copies of this policy, and the application form and plain language summary of this policy may be obtained.

C. Procedure for dissemination of charity care eligibility information

- a. Emergent: Once EMTALA requirements are met, patients identified through the registration process as being without adequate federal, state, local, or private health care coverage shall receive:
 - i. A packet of information that addresses the financial assistance policy and procedures, including a plain language summary of the policy and the application for assistance or:
 - ii. Financial counseling assistance from staff, including the a plain language summary of the policy and the presentation of the application for assistance
- b. Non-emergent: Patients identified through the registration process as being without adequate federal, state, local, or private health care coverage and indicate an inability to pay for needed services shall receive:
 - i. A packet of information that addresses the financial assistance policy and procedures, including a plain language summary of the policy and an application for assistance or:
 - ii. Financial counseling assistance from staff, including a plain language summary of the policy and the presentation of the application for assistance.
- c. The information packet shall clearly indicate that HRHS provides emergent and urgent medically necessary care to all patients including those with limited financial resources without regard to ability to pay and explains how patients can apply for financial assistance
- d. Staff assistance is available to assist those not proficient in reading, writing, or speaking English to complete necessary forms. In addition, this policy, the application form and a plain language summary of this policy, will be translated to the appropriate language of the patient as required.
- e. To allow HRHS to properly determine charity care eligibility, documents provided by patients to the facility shall be written in English with translation help as required by the patient (see d. above).
- f. Patients and members of the public may obtain a free copy of HRHS's separate billing and collections policy at any patient access venue, by visiting the hospital business office, by calling the Customer Service Department, and by visiting the organization's website.

D. Authorization

- a. The authorization of charity care discounts shall be restricted to the financial director and/or other HRHS management resources. Approval limits for charity care discounts shall be established as follows:
 - i. \$0-\$4,999 PFS Director
 - ii. \$5,000-\$24,999 VP of Accounts Receivable
 - iii. \$25,000-\$49,999 CFO
 - iv. \$50,000 + CEO
- b. Authorizations will be noted on the Financial Assistance Authorization Form (Exhibit IV)

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which will be maintained in a central confidential file.

E. Methodology

- a. An established methodology for determination of eligibility shall be adhered to by HRHS. The methodology shall determine that services meet medical necessity criteria and consider income, family size, available resources, and the likelihood of future earnings (net of living expenses) sufficient to pay for health care services provided.
- b. HRHS shall utilize the HRHS Financial Assistance Application Form (Pages 8-9 of this document)
- c. HRHS shall utilize the HRHS Financial Assistance Determination Checklist (Page 23 of this document)
- d. All available financial resources shall be evaluated before determining charity care assistance eligibility. HRHS shall consider financial resources not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse)
- e. The patient/guarantor shall be required to provide proof of ineligibility for benefits available from insurance, Medicare, Medicaid, workers' compensation, third party liability, and other federal, state, or local programs. Patients with HSA's (health spending accounts) are considered insured for purposes of this policy and the amount on deposit in the HSA is to be considered as an available resource toward paying for needed services.
- f. Eligibility for charity care discounts shall be determined using a baseline of 250% of the Federal Poverty Level Guidelines as published annually in the Federal Register (Page 22 of this document), available assets, and any extenuating circumstances.
 - i. A sliding scale will be utilized to determine eligibility for partial charity care assistance. (Page 22 of this document)
 - ii. The need for future services requiring financial assistance shall be assessed
 - iii. Separate determinations of eligibility for charity care discounts shall be made for each date of service. Confirmation of continued eligibility shall be updated every 180 days for patient requiring ongoing services
- g. If in the course of evaluating the information provided in the Financial Assistance Application Form it is determined the patient may qualify for federal, state, or local programs or insurance coverage, Financial Counseling will assist patients in applying for available coverage. Charity Care will be denied to patients/guarantors who do not cooperate fully in applying for available coverage.
- h. All information obtained from patients and family members shall be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.
- i. Household Income: Assessment forms shall provide documentation of all income sources on a monthly and annual basis taking into consideration changes in employment and increases/decreases in income including the following evidence of:
 - i. Wages
 - ii. Self employment
 - iii. Alimony
 - iv. Child support
 - v. Military family allotments
 - vi. Public assistance
 - vii. Pension
 - viii. Social Security
 - ix. Strike benefits
 - x. Unemployment compensation
 - xi. Workers' compensation
 - xii. Veterans' benefits

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- xiii. Other income (from dividends, interest, rental property, etc.)
- j. Copies of documents to substantiate income levels shall be obtained
- k. Household Assets: Assessment forms shall provide documentation of the following liquid assets that will be considered in determining eligibility:
 - i. Investments that could be converted to cash within 1 year will be considered when evaluating cash on hand to meet living expenses excluding residence, transportation, life insurance, and sufficient financial reserves to provide normal living expenses if the wage earners are unemployed or disabled.
 - ii. Savings
 - iii. Certificates of deposit
 - iv. Money-market accounts
 - v. Credit Union accounts
 - vi. Descriptions of owned property that is not the primary residence
- l. Copies of documents to substantiate asset levels shall be obtained
- m. The patient/guarantor shall provide demographic information for themselves and for dependents residing with the patient/guarantor including the following information for all:
 - i. Name, address, phone number
 - ii. Age
 - iii. Relationship
 - iv. Employment information
- n. When questions arise as to the patient/guarantor's legal responsibility for purported dependents, the patient/guarantor's most recently filed federal income tax form shall be relied upon to determine whether an individual should be considered a dependent
- o. Financial Assistance Application form shall provide for a recap of average monthly expenses including:
 - i. Mortgage/rent payments
 - ii. Utilities
 - iii. Car payments
 - iv. Food
 - v. Medical bills (including prescriptions)
- p. Copies of rent receipts, utility receipts, or monthly bank statements and independent employment verification may be required to verify the application information
- q. Patients/guarantors shall be notified in writing within 10 working days of the application date of HRHS's eligibility determination related to services provided and advised:
 - i. Date(s) of service covered by the eligibility determination
 - ii. Percent discount granted under the determination
 - iii. Eligibility does not relate to services provided by non-HRHS employees and contractors
 - iv. Eligibility does not relate to Assisted Living and/or residential services
 - v. Periodic verification of financial status shall be required in the event of future services
 - vi. Reasons for denial of eligibility
- r. Determining eligibility for charity care discounts shall be a continuing process. For patients deemed eligible who have previous accounts in active accounts receivables or in Bad Debt with collection agencies, a retroactive review will be conducted to determine if any accounts should have been more properly recorded as charity care and, if so, HRHS shall recall such accounts and reclassify them to charity in accordance with generally accepted accounting principles.
- s. HRHS shall retain a confidential central file by each patient/guarantor containing financial assistance applications, supporting documentation, and eligibility determinations

F. Medical Indigence

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- a. A patient's medical indigency is determined by HRHS without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to their significant or catastrophic health care requirements (e.g. neonatal care, cancer, burn care, long term and/or intensive care, etc.) Such patients may have a reasonable level of income, but a low level of liquid assets and payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.
- b. HRHS shall make a decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for a charity care discount on the basis of medical indigency.
- c. The patient shall apply for a charity care discount in accordance with the charity care policy in effect
- d. HRHS shall obtain or generate documentation to support the medical indigency of the patient. The following are examples of documentation to be reviewed:
 - i. Copies of all patient/guarantor medical bills
 - ii. Information related to patient/guarantor drug costs
 - iii. Multiple instances of high-dollar patient co-pays, deductibles and other medical liabilities
 - iv. Other evidence of high-dollar amounts related to healthcare costs such as documentation of an H.S.A. that has been fully expended.
- e. HRHS shall grant a charity care discount either through the use of the sliding scale approach or up to 100% if the patient has the following:
 - i. No material applicable insurance
 - ii. No material usable liquid assets
 - iii. Significant and/or catastrophic medical bills
- f. In many cases, the patient shall be expected to pay some amount of the medical bill, but the facility shall not determine the amount for which the patient shall be responsible based solely on the income level of the patient.
- g. HRHS shall retain a confidential central file by each patient/guarantor containing financial assistance applications, supporting documentation, and eligibility determinations.

G. Presumptive Charity Care Eligibility

- a. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide HRHS with sufficient evidence to provide the patient with a charity care discount without needing to determine eligibility for medical indigency. This presumptive eligibility, when properly documented, is sufficient to provide a charity care discount to patients who qualify.
- b. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance.
- c. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - i. Homeless or received care from a homeless clinic
 - ii. No income
 - iii. Participation in Women's Infants, and Children's programs (WICs)
 - iv. Food stamp eligibility
 - v. Subsidized school lunch program eligibility
 - vi. Eligibility for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down)
 - vii. Family or friends of the patient have provided information establishing the patient's inability to pay
 - viii. Low income/subsidized housing is provided as a valid address

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- ix. Patient is deceased with no known estate
- x. PACE program eligibility
- xi. Information from other external sources that support the patient's eligibility for financial assistance
- d. Applicable documentation supporting circumstances being considered is to be provided within 30 days of service
- e. For instances where the patient is not able to complete an application for financial assistance, HRHS may grant a 100% charity care discount without a formal request based on presumptive circumstances, approved by the Director of PFS in accordance with HRHS policy
- f. HRHS will utilize the HRHS Financial Assistance Application Form – Presumptive Eligibility
- g. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that are operated to benefit individuals without sufficient resources to pay for medically necessary treatment
- h. HRHS shall retain a confidential central file by each patient/guarantor containing financial assistance applications, supporting documentation, and eligibility determinations.

H. Charity Care Policy Exception Review

- a. HRHS PFS Director, Vice President of Accounts Receivable, CFO and Executive Directors shall meet as needed to evaluate information related to patient accounts that do not clearly qualify under basic charity care discount eligibility criteria and to determine the need for charity care discount policy revisions.
- b. The types of patient accounts to be reviewed shall include, but not be limited to:
 - i. Medical indigency
 - ii. Presumptive eligibility
 - iii. Patients who have substantial non-liquid assets
 - iv. Services that do not qualify as emergent or urgent
- c. Consultation with HRHS Compliance Officer and senior management representatives will occur as needed
- d. Documentation of the reviews and outcomes shall be consistently maintained
- e. Actions related to specific patients shall be included in the confidential central file.

I. Recording Charity Care

- a. HRHS will properly distinguish write offs of patient accounts between charity care discounts and bad debt expenses in accordance with generally accepted accounting principles.
 - i. Section 7.2 of the AICPA Accounting Guide states the following: Distinguishing bad debt expense from charity care requires judgment. Charity care results from an entity's policies to provide health care services free of charge to individuals who meet certain financial criteria. The establishment of a policy clearly defining charity care should clearly result in a reasonable determination. Although it is not necessary for the entity to make this determination upon admission of the individual, at some point the entity must determine that the individual meets its pre-established criteria for charity care. Charity care represents health care services that were provided but were never expected to result in cash flows. As a result, charity care does not qualify for recognition as receivables or revenue in the financial statements.
- b. HRHS shall write off patient accounts to either charity care or bad debt as defined below:
 - i. Charity Care: patients with no third party payment source and for whom there is no expectation of ability to pay for services or patients with third party coverage who are determined to be financially unable to pay applicable balances after insurance, including deductibles, coinsurances, and copayments.
 - ii. Bad debts: patients who have the ability to pay for health care services and do not pay the applicable obligation.

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- c. The actions that HRHS may take in the event of nonpayment of amounts due from individuals eligible for financial assistance under this policy are described in HRHS's separate billing and collections policy.

J. Financial Statement Disclosures

- a. Section 2.4 of the AICPA Audit and Accounting Guide for Audits of Providers of Health Care Services includes the following guidance:
- i. The level of charity care provided should be disclosed in the financial statements. Such disclosure is made in the notes to the financial statements and measured based on the provider's rates, costs, units of service, or other statistics.

K. IRS Reporting

- a. HRHS shall include the information noted in the preceding section of this document in the IRS Form 990 federal reporting and required state reporting.

Date	Approved by	Revision Description
7/1/2016	<i>Russell Wagner, Executive Vice President and CFO</i>	1) Revised to conform with standardized policy template, and with regulatory changes.
06/01/2019	<i>Russell Wagner, Executive Vice President and CFO</i>	Updated to include Attachments A, B, C, D



APPLICATION FOR FINANCIAL ASSISTANCE

Section One: Required Questions

Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for charity care.

Patient Information

Patient Name: _____ Date of Birth: _____
Street Address: _____ Home Telephone: _____
City/State/Zip: _____ Work Telephone: _____

Current Health Insurance Company Name: _____
Policy Number _____ Group Name/Number: _____

Household Members

Please attach additional sheets of paper if household has more than eight members.

Name	Relationship	Age
1. _____	Self	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Monthly Household Income

Wages/Salaries (Before Taxes): _____	Worker's Compensation: _____
Pensions: _____	Child Support: _____
Social Security: _____	Spousal Support: _____
Other Disability: _____	Veteran's Admin (VA) Benefits: _____
SSI: _____	Annuities: _____
Cash Assistance: _____	Other Unearned Income (includes Trusts, Interest/Dividends, etc): _____
Unemployment Compensation: _____	

Household Countable Resources

Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRAs, 401(k) accounts and other non-liquid assets.

Certificates Deposit: _____	Christmas or Vacation Club: _____
Stocks or bonds: _____	Savings Certificates: _____
Trust Fund: _____	Health Savings Account (HSA) funds: _____
Savings account: _____	U.S. Savings Bonds: _____
Checking Account: _____	Other (Please Explain): _____



APPLICATION FOR FINANCIAL ASSISTANCE

Section Two: Optional Questions

If you so choose, please answer the questions below to provide a better understanding of your ability to pay for medical care. Higher-than-average or otherwise unusual expenses may result in an adjustment of income downward. Lower-than-average expenses will not result in an adjustment of income upward.

Monthly Household Expenses

Mortgage/Rent: _____
Property Taxes: _____
Insurance: _____
Auto Loan: _____
Credit Cards (Total): _____
Water: _____
Gas: _____

Oil: : _____
Electric: : _____
Telephone: _____
Child Support: _____
Spousal Support: _____
Health Savings Account (HSA) Contributions: _____
Other (Please Explain) : _____

Monthly Medical Expenses

Insurance Premiums: _____
Equipment: _____
Hospital: _____

Doctors' Visits: _____
Prescriptions: _____

Section Three: Verification of Income and Countable resources

Please verify all income and resources listed in Section One. If you are unable to verify some or all of your income or resources, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income or resources, provided that reasonable explanation for the inability is given. Acceptable sources of verification include, but are not limited to:

- Copy of most recent Federal income tax return.
- Award letters or bank statements showing deposits of Social Security, other disability, pension, worker's compensation, or unemployment compensation payments.
- Award letters, court documents, or bank statements showing deposits of child or spousal support payments.
- Documentation of other sources of income.
- If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g., grocery purchases or rent and utility payments).
- Health Savings Account (HAS) and other dedicated account statements.
- Checking and Savings account statements.
- Copy of Health Insurance Card(s), if applicable

Section Four: Certification

Please sign and return the completed application with the items listed in Section Three to

Holy Redeemer Health System
Central Business Office
Attn: Customer Service
12265 Townsend Road
Philadelphia, PA 19154

I certify that the information contained in this application is true and complete. I understand that willful falsification of information contained in this application will result in denial of financial assistance.

Signed: _____ Dated: _____

Attachment A: Providers Included in the HOLY REDEEMER Financial Assistance Policy

Updated
May 23,
2019

Services provided at a hospital can be broken down into two categories: hospital services and provider services (i.e. physician, physician assistant, nurse practitioner). All medically necessary hospital services (room & board, pharmacy, lab, radiology) are eligible for financial assistance under Holy Redeemer's financial assistance policy. However, provider services may not be eligible for financial assistance under Holy Redeemer's financial assistance policy. Providers who are independent contractors, rather than employees, of Holy Redeemer, generally do not follow Holy Redeemer's financial Assistance policy, although they may have a separate financial assistance policy. Provider services from the following providers are eligible for financial assistance under Holy Redeemer's financial assistance policy.

Practice	Providers	Specialty	Phone/Fax Numbers	
<u>Emergency Medicine</u> HRH 1648 Huntingdon Pike Meadowbrook, PA 19046 10-202-9901	<u>Emergency Medicine</u> Kisha Martin, MD, Chair James Duncklee, DO Eric Gonzalez, MD Michael Lucca, MD Iryna Matkovska, DO David Romash, DO Perry Pitkow, MD James Postupack, MD Ajay Kumar Singhal, MD Liza Somers, MD Henry D. Unger, MD Alla Waxman, DO Megan Wuebber, DO Karen Denucci, CRNP Eileen Bolick, CRNP Kate Taylor, PA Antoinette Dowds, CRNP Ruby Pottukalan, PA Perry Cain, PA Jennifer Spicer, PA <u>PRN</u> Irving Huber, MD Lisa Comperatore, MD Stephan Kosmorsky, DO Robert McAndrew, DO Alberto Larrieu, MD Steve Alan Katz, MD Dean Otto, DO Deborah Chun, MD	Emergency Medicine	Phone 215-938-2100 Fax 215-938-3908	
<u>Redeemer Cardiology</u> HRH 1648 Huntingdon Road Meadowbrook, PA 19146 (Professional SNCS Billing only) 10-213-9901	William Haaz, MD Bruno Manno, MD Channarayapatna Kishan, MD Alec Musten, MD Alexander Rubin, MD Valaine Hewitt, MD Kevin Lax, MD Andrew Mustin, MD Thomas Santilli, MD Peter Shaftel, MD	Cardiology	Phone 215-938-1550 Fax 215-938-1342	

Attachment A: Providers Included in the HOLY REDEEMER Financial Assistance Policy

Updated
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<u>HR Medical Hospitalists</u> 1648 Huntingdon Pike Meadowbrook, PA 19046 10-245-9901	William Hofmann, DO Leonard Khizman, MD Ahsan Iqbal, MD Samuel Leather, MD Bradford Jay Lin, MD (Goes by Mark) Keren McCarthy, DO David Hanes, MD Uneez Haque, MD <u>PRN</u> Aslam Malik, MD Mohsen Vahedi, MD Dom Wadhwa, MD Chintana Suanlarm, MD David Silvestre, DO Robert Davies, MD Tatyana Pankratova, MD <u>APP Hospital Clinicians</u> Catherine Pascarella, PA Paige Colon, PA Cicily Cherian, PA Leena Joseph, CRNP Tatyana Kantor, CRNP Aquila Dufort, CRNP Lymay Kouai, PA John Boss, PA Sumithra Reddy, PA	Internal Medicine	Phone 215-938-2749 Fax 215-938-3829	
<u>Redeemer Pathology</u> HRH 1648 Huntingdon Pike Meadowbrook, PA 19046 10-205-9901	Pantaleon Fagel, MD Michael Kowalyshyn, MD Robert E Smith, DO	Pathology	Phone 215-938-3655 Fax 215-938-3874	
<u>Redeemer Imaging Inc.</u> 1648 Huntingdon Pike Suite G100 Meadowbrook, PA 19046	Redeemer Imaging Inc	MRI	<u>Meadowbrook</u> Phone 215-947-3905 Fax 215-938-3785 <u>Warminster</u>	

Attachment A: Providers Included in the HOLY REDEEMER Financial Assistance Policy

Updated
May 23,
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10-206-9901 201 Veterans Way Warminster, PA 18974 10-206-7077			Phone: 267-615-6053 267-615-6054 Fax: 267-615-6058	
<u>Redeemer Pulmonary Services</u> 1650 Huntingdon Pike Ste 305 Meadowbrook, PA 19046 10-216-9901	Sandeep Dhand, MD Edward Schuman, MD Alan Reinach, MD Annette Colavita, MD O'Dene Lewis, MD	Pulmonary	Phone 215-947-6404 Fax 215-947-9883	
<u>Holy Redeemer Family Health Center at CARDONE</u> 5600 Tabor Road Philadelphia, PA 19120 10-240-9901	Guillermo Infante MD	Family Practice	Phone 215-728-7690 Fax 215-725-3235	
<u>Holy Redeemer Family Medicine</u> 3300 Tillman Drive 1st Floor Bensalem, PA 19020 10-243-9901	Jacqueline Slakoper Delessio, DO Angelo Ratini DO Melinda Ratini, DO Frances Garbarino, CRNP Svetlana Mamikonyan, CRNP	Family Practice	Phone 215-914-4444 Fax 215-245-2073	
<u>James W. Flanagan, MD Family Medicine</u> 1844 Street Road Southampton, PA 18966 201 Veterans Way Warminster, PA 18974 10-251-9901	James W. Flanagan, MD Diana Ryan, CRNP Svetlana Mamikonyan, CRNP	Family Practice	Phone: 215-357-4066 Fax: 215-364-2572	

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<u>Holland Medical Associates</u> 23 Bustleton Pike Feasterville, PA 19053 295 Buck Road Suite 111 Holland, PA 18966 910 Second Street Pike Richboro, PA 18954 10-253-9901	Mark Mullen, MD Phillip Liaw, MD Vinita Ponamgi, MD Si Tien Lam, DO Alijca Ignatowicz, DO Patti Anolik, DO Barbara Bix, MD Denise Keegan, CRNP Frances Garbarino, CRNP Kristen Curtis, CRNP Jane Tantom, CRNP Jaclyn Timoney, CRNP Carl A. Rosenbaum, MD[Linked but not practicing]	Internal Medicine	Phone: 215-464-0770 Fax: 267-579-0720 Richboro Phone: 215-364-0777	
<u>Somerton Family Medical Associates</u> 23 Bustleton Pike Feasterville, PA 19053 10-257-9901	Douglas G. Kimmel, DO Andrew Matthews, MD Donna Mortimer, PA	Family Practice	Phone: 215-464-9599 Fax: 215-464-7865	
<u>Pedicino Primary Care Associates</u> 1650 Huntingdon Pike Suite 315 Meadowbrook, PA 19046 10-267-9901	Alexander Pedicino, MD Maureen Armstrong, DO	Family Practice	Phone: 215-947-8170 Fax: 215-947-8572	
<u>Surgical Assistant HRH</u> 1648 Huntingdon Pike Meadowbrook, PA 19046 10-234-9901	Sashi Kumar, MD Cory Sadlowski, PA Crystina Tafdif, PA	Surgery	Phone: 215-938-2872 Fax : 215-938-2878	
<u>HR Surgical Associates</u> 1650 Huntingdon Pike	Lorenz N. Iannarone, MD John R. Frederick, MD	Surgery	Phone 215-938-3145	

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Suite 154 Meadowbrook, PA 19046 10-244-9901	Janet Krettek, DO Patricia Leung, MD Carole Vincent, DO Alex Barkan, MD		Fax 215-938-3144	
<u>Peds Urgi Care/Peds Hospitalists</u> HRH 1648 Huntingdon Pike Meadowbrook, PA 19046 10-204-9901	Avraham (Avi) Gurwitz, MD Afif Hanna, MD Omorinsola Deacon-Oronti, MD Fatima Arshad, MD Ekene E. Ajufo, MD Arun Nadiga, MD Mark Keller, MD Tiffany Tucker, MD PRN Christine McCormick, PA Danielle Fanell, PA	Pediatrics	Phone 215-938-2167 Fax 215-914-4795	
<u>Maternal Fetal Medicine</u> 1650 Huntingdon Pike Suite 107 Meadowbrook, PA 19046 10-237-9901	Iraj Forouzan, MD Anna Marie O'Neill, MD Jack Fitzsimmons, MD	Maternal Fetal Medicine	Phone 215-938-2990 Fax: 215-938-3959	
<u>Natural Women's Health</u> 1650 Huntingdon Pike Suite 112 Meadowbrook, PA 19046 10-260-9901	Monique Ruberu, MD	OB /GYN	Phone 215-938-3365 Fax 215-938-3366	
<u>Kramer OB / GYN & Associates</u> 7901 Bustleton Avenue Suite 100 Philadelphia, PA 19152 821 Huntingdon Pike Suite 130 Huntingdon Valley, PA	Joel Kramer, DO Jeanine Devlin, MD Lev Belder, DO David Goldstein, MD Charna Coren, MD Lauren Maher, MD	OB / GYN	<u>Philadelphia</u> Phone 215-543-0060 Fax 215-543-0099 <u>Huntingdon Valley</u> Fax 215-379-4319	

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19006 10-228-9901				
<u>HR Women's Care of Montgomery County</u> 735 Fitzwatertown Road Willow Grove, PA 19090 3300 Tillman Drive 1 st Floor Bensalem, PA 19020 10-221-9901	Vahideh Ameri, MD Jennifer Sock, MD Nisha Abraham, MD Melissa Lee-Agawa, MD Jessica Kroes, MD	OB / GYN	<u>Willow Grove</u> Phone: 215-914-4400 Fax 215-657-4887 <u>Bensalem</u> Phone: 215-914-4400 Fax: 215-245-4839	
<u>Millennium OB / GYN</u> 9807 Bustleton Avenue Philadelphia, PA 19115 910 Second Street Pike Richboro, PA 18954 10-229-9901	David Binder, MD Kavous Emami, MD Gayatri Maniar, MD Rachel Sampson, MD Regina Dougherty, DO Valerie Rabinovich, MD Sarah Onaforwora, MD	OB / GYN	<u>Philadelphia</u> Phone 215-676-2200 Fax 215-676-2408 <u>Richboro</u> Phone 215-436-6101 215-436-6109 Fax 215-436-1294	
<u>Deeney & Associates</u> 1650 Huntingdon Pike Suite 118 Meadowbrook, PA 19046 10-226-9901	John Deeney, MD Patrick Becher, DO Jennifer Axe, MD Kwandaa Roberts, DO Taechin Yu, MD Chair Lisa Diasio, CRNP	OB / GYN	<u>Meadowbrook</u> Phone 215-914-2600 Fax 215-938-9819	
<u>OB House Physician</u> 1648 Huntingdon Pike Meadowbrook, PA 19046 10-218-9901	Irene Magran, MD Kristine Klein, MD Richard Michner, MD Fred Nichols, DO Jennifer Reason, DO Gennadiy Ivanov, MD Laura Borthwick, MD Emily Atkinson, MD Sarah Onaforwora, MD Victoria Tai, MD PRN	OB	Phone: 215-938-2976	

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	Meggy Hammond, DO PRN Jade Groff, CNM, MS (midwife)			
<u>Retirement Home Primary Care</u> 8580 Verree Road Philadelphia, PA 19111 10-266-9901	William A. Hofmann, DO Maureen Armstrong, DO Svetlana Mamikonyan, CRNP	Primary Care		
<u>House Calls PA</u> 23 Bustleton Pike Feasterville, PA 19053 10-250-9901	Karen Scheer, RSM, MD	FP/IM	Phone: 215-856-1100	
<u>Bott Cancer Center Radiation Oncology</u> 1648 Huntingdon Pike Meadowbrook, PA 19046 10-258-9901	Sheena K. Jain, MD	Radiation Oncology	Phone: 215-938-3555 Fax 215-938-3547	
<u>Redeemer Medical & Support Care</u> 8580 Verree Road Philadelphia, PA 19111 10-265-9901	Jane Cahill, MD Brenda Buzydlowski, DO	Palliative Care	Phone: 215-214-3815 Fax: 215-214-3816	
<u>Comprehensive Breast Care Surgeons (CBCS)</u> 45 Second Street Pike #100 Southampton, PA 18966 3300 Tillman Drive 1st Floor Bensalem, PA 19020	Catherine Carruthers, MD Stacy Krisher, MD Beth DuPree, MD Anna Mazar, DO Beth Matlack, PA Kimberly Kurtz, CRNP Lisa Sowa, CRNP	Breast Care Surgeons	Phone 215-633-3456 Fax 215-396-3456	

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385 Oxford Valley Road Ste 310 Yardley, PA 19067 10-241-9901				
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HRPAS PARTNERSHIP

<u>Orthopedic Surgery and Rehabilitation Associates, LLC (OSRA)</u> 888 Fox Chase Road Rockledge, PA 19046 1468 Old York Road Abington, PA 19001 7500 Central Ave Suite 108 Philadelphia, PA 19111 910 Second Street Pike Suite 202 Richboro, PA 18954	Emily Abramson-Chen, MD Ellen Maitin, MD Walter Dearolf, MD John Beight, MD Michael Kimball, MD William Markmann, MD William Hamilton, MD Lisa Rodgers, PA-C Maria Wulin, PA-C	Ortho	<u>Rockledge</u> Phone: 215-745-4050 Fax : 215-663-9388 <u>Abington</u> Phone:215-745-4050 Fax: 215-690-9048 <u>Philadelphia</u> Phone: 215-745-4050 Fax: 215-745-9333 <u>Richboro</u> Phone: 215-745-4050	
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Attachment B: The following medical providers, physician groups and departments do **NOT** follow HOLY REDEEMER Medical Center's financial assistance policy.

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Radiology Affiliates of Central NJ, P.C.
Corporate Office
6 Neshaminy Interplex
Suite 207
Trevose, PA 19053
609-585-8800

Huntingdon Valley Anesthesia
1650 Huntingdon Pike
Suite 313
Meadowbrook, PA 19046
215-938-3413

Restorative Plastic & Reconstructive Surgery
3300 Tillman Drive
Bensalem, PA 19020
215-447-8054
215-447-8094

Attachment C

AMOUNTS GENERALLY BILLED CALCULATION

Hospital uses the “look-back method” as defined in Reg. 1-501(r)5(b)(3) to calculate the amount generally billed (“AGB”) to individuals who have insurance covering medically necessary care. An individual who is determined to be eligible for charity care under this policy shall not be required to pay more than the amounts generally billed to individuals who have insurance covering such care.

Hospital calculates a single AGB limit to apply to all individuals who qualify for charity care. The AGB limit currently in effect is 26.8%.

The AGB limited was calculated using the following formula:

$$\frac{\text{Total Allowed Claims and Other Payments}}{\text{Gross Charges}}$$

In the AGB calculation, “Total Allowed Claims” are those claims that have been submitted by Hospital and were allowed by Medicare and all private health insurers over a specified 12-month period. Hospital uses all claims for medical care in this calculation, rather than just those allowed for emergency and other appropriate hospital-based medical services.

“Other Payments” are co-payments, co-insurance, deductibles and any other payments made in relation to a claim included in Total Allowed Claims.

“Gross Charges” are the total charges of the services for those claims included in Total Allowed Claims.

Hospital’s most recent calculation of the AGB limit was for the period that began 07/01/17 and ended 6/30/18. The AGB limit was calculated by the Finance Decision Support Department and reviewed and approved by the Chief Financial Officer.

HOLY REDEEMER HEALTH SYSTEM CHARITY CARE DISCOUNT INCOME GUIDELINES

Updated as of Jan 21 2022

This chart is the calculator for the eligibility guidelines using a baseline of 250% of the Federal Poverty Level, based on the Federal guidelines published annually.

ANNUAL GUIDELINES									
FAMILY SIZE	Income Range								
		100%	75%		50%		25%		
1	up to	\$ 33,975	\$ 33,975	\$ 40,770	\$ 40,770	\$ 47,565	\$ 47,565	\$ 54,360	
2	up to	45,775	45,775	54,930	54,930	64,085	64,085	73,240	
3	up to	57,575	57,575	69,090	69,090	80,605	80,605	92,120	
4	up to	69,375	69,375	83,250	83,250	97,125	97,125	111,000	
5	up to	77,600	77,600	93,120	93,120	108,640	108,640	124,160	
6	up to	92,975	92,975	111,570	111,570	130,165	130,165	148,760	
7	up to	104,775	104,775	125,730	125,730	146,685	146,685	167,640	
8	up to	116,575	116,575	139,890	139,890	163,205	163,205	186,520	
For each additional family member		\$ 11,800	\$ 14,160		\$ 16,520		\$ 18,880		

MONTHLY GUIDELINES									
FAMILY SIZE	Income Range								
		100%	75%		50%		25%		
1	up to	\$ 2,831	\$ 2,831	\$ 3,398	\$ 3,398	\$ 3,964	\$ 3,964	\$ 4,530	
2	up to	3,815	3,815	4,578	4,578	5,340	5,340	6,103	
3	up to	4,798	4,798	5,758	5,758	6,717	6,717	7,677	
4	up to	5,781	5,781	6,938	6,938	8,094	8,094	9,250	
5	up to	6,467	6,467	7,760	7,760	9,053	9,053	10,347	
6	up to	7,748	7,748	9,298	9,298	10,847	10,847	12,397	
7	up to	8,731	8,731	10,478	10,478	12,224	12,224	13,970	
8	up to	9,715	9,715	11,658	11,658	13,600	13,600	15,543	
For each additional family member		\$983	\$1,180		\$1,377		\$1,573		

Attachment E

FINANCIAL ASSISTANCE DETERMINATION CHECKLIST

Patient Name: _____ Account #: _____

1A) Calculation of available income

Monthly Salary/Pension	_____	x 12 =	_____	0
Monthly SSI/VA	_____	x 12 =	_____	0
Income Total			_____ x 12 =	_____ 0 (AA)

1B) Calculation of total expenses (monthly)

Mortgage/Rent	_____
Electric	_____
Gas	_____
Water	_____
Telephone	_____
Cable	_____
Car Payments	_____
Credit Cards	_____
Insurance (Auto, home, life)	_____
Tuition	_____
Other	_____
Food (\$200.00 x # Dependents)	_____
Expense Total	_____ 0 x12 = _____ 0 (BB)

1C) Eligible Income for Hospital Bills (AA-BB) _____ 0 (CC)
(If less than 0, enter 1)

1D) Estimated Hospital Billing to patient _____ (DD)

1E) Identification of Liquid Assets

Bank Accounts	_____
Bonds	_____
Stocks	_____
CD's	_____
Mutual Funds	_____
Liquid Asset Total	_____ 0 _____ 0 (EE)

1F) Total patient due minus liquid assets (DD-EE) _____ 0 (FF)

1G) Eligible Income minus Patient Due (CC-FF) _____ 0 (GG)

Staff Signature: _____ Date: _____