



CHARITY CARE DETERMINATION GUIDE

Patient Name: _____ MRN# _____ #Family members _____

A. Current Return Gross Income _____ B. Fin Application Gross Income _____

C. Greater of A or B _____

Visit Number	Dates of Service	True Self Pay (TSP) Self Pay Ins(SPI) Self Pay MCARE (SPM)	Total Charges	Current Balance

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FEDERAL INCOME GUIDELINES BY FAMILY SIZE – 2018

150% of Federal Poverty Level

	1	2	3	4	5	6	7	8
100%	18,090	24,360	30,630	36,900	43,170	49,440	55,710	61,980
95%	18,995	25,578	32,162	38,745	45,329	51,912	58,496	65,079
90%	19,899	26,796	33,693	40,590	47,487	54,384	61,281	68,178
85%	20,804	28,014	35,225	42,435	49,646	56,856	64,067	71,277
80%	21,708	29,232	36,756	44,280	51,804	59,328	66,852	74,376
75%	22,613	30,450	38,288	46,125	53,963	61,800	69,638	77,475
71%	23,336	31,424	39,513	47,601	55,689	63,778	71,866	79,954

Patient Qualified for _____ % Assistance

Patient Financial Counselor: _____

Date: _____

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____

