

Financial Assistance Determination

Patient Name:

Facility (Location of Service):

Household Members:

Account Number:

Annual Income:

Account Number:

To determine the amount you pay based upon Presbyterian's charity care policy:

1. Determine your family's annual income (total income excluding deductions).
2. Refer to the table below to locate your family size.
3. Reading across that row, determine where your income falls. The % that appears at the top of that column is the % amount you pay. This % is multiplied by the site's normal charge for the services provided.

2017 Annual Gross Income Range for each Sliding Fee Percentage Category

Family Size	Amount You Pay			
	0%	25%	50%	100%
1	\$0 - \$24,280	\$24,281 - \$30,350	\$30,351 - \$48,560	\$48,561+
2	\$0 - \$32,920	\$32,921 - \$41,150	\$41,151 - \$65,840	\$65,841+
3	\$0 - \$41,560	\$41,561 - \$51,950	\$51,951 - \$83,120	\$83,121+
4	\$0 - \$50,200	\$50,201 - \$62,750	\$62,751 - \$100,400	\$100,401+
5	\$0 - \$58,840	\$58,841 - \$73,550	\$73,551 - \$117,680	\$117,681+
6	\$0 - \$67,480	\$67,481 - \$84,350	\$84,351 - \$134,960	\$134,961+
7	\$0 - \$76,120	\$76,121 - \$95,150	\$95,151 - \$152,240	\$152,241+
8	\$0 - \$84,760	\$84,761 - \$105,950	\$105,951 - \$169,520	\$169,521+
For each additional person	\$4,320	\$4,320	\$4,320	N/A

For Internal Use Only

Prepared By:	Date:
Authorization:	Date:

Eligible %:

Approved Amount:

Adjustment Code:

Denied Amount:

Account Number:

Account Number: