## Catholic Health Services, Inc. Charity Admission Income Worksheet

Patient Name:   Legal resident?   Yes   No	Facility: (circl	e one)	SJN SA	KH VIV	1 SCRH	VMW S	SCW SAN	S1. JOS.	EPH EL	DEKLY H
Account Number:	Patient Name:						Legal resid	ent ?	Yes	No
Diagnosis:    Medicarie   Yes	Account Num	(please) ber:	print)		Date	of Birth:				
PAYOR STATUS:  Medicaire: Yes No Part A only Part B only  Medicaire Eligible: Yes Case Number: No  Commercial Insurance: Limits: Policy Number: Telephone Number  Estimated Annual Cost: ALF/Nursing Home/Hospital R&B/Housing \$  Therapy \$  Medications  Other \$  Total \$  Stimated length of care required: \$  Estimated length of care required: \$  Simple Widowed \$  Children: Name: Address: Ability to Contribute: Attach financial documentation. \$  IRS Form 1040 or 1040EZ Family Responsibility: \$  per Day Week Month Other  GUIDELINES 2023  If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (shown below) of the Sederal Poverty Income Guideline, individual is eligible for FULL write income is above 200% (sh	Dates of Servi	ce:	to _	· · · · · · · · · · · · · · · · · · ·						
Medicare: Yes No Part A only Part B only Medicaid Eligible: Yes Case Number: No Commercial Insurance: Limits: Policy Number: Telephone Number    Estimated Annual Cost: ALF/Nursing Home/Hospital R&B/Housing \$ Annual Income: ALF/Nursing Home/Hospital R&B/Housing \$ Therapy \$ \$ Medications    Other	Diagnosis:									
Medicare: Yes No Part A only Part B only Medicaid Eligible: Yes Case Number: No Commercial Insurance: Limits: Policy Number: Telephone Number    Estimated Annual Cost: ALF/Nursing Home/Hospital R&B/Housing \$ Annual Income: ALF/Nursing Home/Hospital R&B/Housing \$ Therapy \$ \$ Medications    Other	DAMOD CEA	TRUC								
Medicaid Eligible: Yes Case Number:			es	No	1	Part A only	7	Part B or	nlv	
Commercial insurance:	Medicaid Elig	ible:	Yes	Ca	se Number	:		1	No	
Estimated Annual Cost:  ALF/Nursing Home/Hospital R&B/Housing \$ Therapy Medications Other Total \$  Single Widowed Children:  Name: Address: Ability to Contribute: Attach financial documentation. IRS Form 1040 or 1040EZ Family Responsibility: \$ per Day Week Month Other  GUIDELINES 2023 If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% but below 400% (shown below) individual is eligible for Partial write-off.  Win Household 1 2 3 4 5 6 7 8 200% (shown below) 400% (shown below) individual is eligible for Partial write-off.  Win Household 1 2 3 4 5 6 7 8 200% (shown below) 400% (shown below) individual is eligible for Partial write-off.  Win Household 1 2 3 4 5 6 7 8 200% (shown below) 400% (shown below) individual is eligible for Partial write-off.  Win Household 1 2 3 4 5 6 7 8 200% (shown below) 400% (shown below) Individual is eligible for Partial write-off.  Win Household 1 2 3 4 5 6 7 8 200% (shown below) 510,280 \$80,560 \$90,840 \$101,120 400% (shown below) 510,000 \$140,560 \$161,120 \$181,680 \$202,240  Date:  Prepared by  DETERMINATION: ACCEPT DECLINE  Facility Administrator Date Accepted for processing by V.P of Date Revenue Management	Commercial II	nsurance:_			Li	imits:			_	
ALF/Nursing Home/Hospital R&B/Housing \$	Policy Numbe	er:		Te	lephone Nu	ımber				
ALF/Nursing Home/Hospital R&B/Housing \$	Estimated An	nual Cost					Annus	al Income		
Medications Other Total \$  Estimated length of care required:  Marital Status: Married   Single   Widowed   Children:  Name: Address: Ability to Contribute: Attach financial documentation.   IRS Form 1040 or 1040EZ Family Responsibility: \$ per Day Week Month Other  GUIDELINES 2023  If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% but below 400% (shown below) individual is eligible for Partial write-off.  #in Household   1   2   3   4   5   6   7   8   200% of FPG   \$29,160   \$39,440   \$49,720   \$60,000   \$70,280   \$80,560   \$90,840   \$101,120   400% of FPG   \$58,320   \$78,880   \$99,440   \$120,000   \$140,560   \$161,120   \$181,680   \$202,240    Date:  Prepared by  DETERMINATION:				B/Housin	g \$			IIIO0IIIO.		
Other Total \$  Estimated length of care required:  Family Support:  Marital Status: Married   Single   Widowed   Children:  Name: Address: Ability to Contribute: Attach financial documentation.   IRS Form 1040 or 1040EZ Family Responsibility: \$ per Day Week Month Other  GUIDELINES 2023  If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% but below 400% (shown below) individual is eligible for Partial write-off.  #in Household   1   2   3   4   5   6   7   8   200% of FPG   \$29,160   \$39,440   \$49,720   \$60,000   \$70,280   \$80,560   \$90,840   \$101,120   400% of FPG   \$58,320   \$78,880   \$99,440   \$120,000   \$140,560   \$161,120   \$181,680   \$202,240    Date:  Prepared by  DETERMINATION: ACCEPT DECLINE  Facility Administrator Date Accepted for processing by V.P of Date Revenue Management					· · · · · · · · · · · · · · · · · · ·		\$			
Total \$  Estimated length of care required:  Family Support:  Marital Status: Married   Single   Widowed   Children:  Name: Address: Ability to Contribute:  Attach financial documentation.   IRS Form 1040 or 1040EZ Family Responsibility: \$ per   Day   Week   Month   Other  GUIDELINES 2023  If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% but below 400% (shown below) individual is eligible for Partial write-off.  Win Household   1   2   3   4   5   6   7   8   200% of FPG   \$29,160   \$39,440   \$49,720   \$60,000   \$70,280   \$80,560   \$90,840   \$101,120   400% of FPG   \$58,320   \$78,880   \$99,440   \$120,000   \$140,560   \$161,120   \$181,680   \$202,240    Date:  Prepared by  DETERMINATION:   ACCEPT   DECLINE  Facility Administrator   Date   Accepted for processing by V.P of   Date   Revenue Management	Medications									
Estimated length of care required:    Family Support:   Marital Status:   Married   Single   Widowed   Children:	Other									
Estimated length of care required:  Family Support:  Marital Status: Married   Single   Widowed   Children:  Name: Address: Ability to Contribute: Attach financial documentation.   IRS Form 1040 or 1040EZ Family Responsibility: \$ per Day Week Month Other  GUIDELINES 2023  If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write income is above 200% but below 400% (shown below) individual is eligible for Partial write-off.  Win Household   1   2   3   4   5   6   7   8   200% of FPG   \$29,160   \$39,440   \$49,720   \$60,000   \$70,280   \$80,560   \$90,840   \$101,120   400% of FPG   \$58,320   \$78,880   \$99,440   \$120,000   \$140,560   \$161,120   \$181,680   \$202,240    Date:  Prepared by  DETERMINATION: ACCEPT DECLINE  Facility Administrator Date Accepted for processing by V.P of Date Revenue Management	Total				\$					
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200% of FPG   \$29,160   \$39,440   \$49,720   \$60,000   \$70,280   \$80,560   \$90,840   \$101,120	income is above	200% but	below 400	% (shown	below) indiv	idual is elig	sible for Part	ial write-off	·	
Management   S58,320   S78,880   S99,440   S120,000   S140,560   S161,120   S181,680   S202,240		1								
Prepared by  DETERMINATION: ACCEPTDECLINE  Facility Administrator  Date  Accepted for processing by V.P of Date  Revenue Management							_			
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CHS CEO and/or COO and/or CFO  Date  [Rev. 1/20]	Facility Admi	nistrator		Date	Accej Rev	oted for provenue Mana	ocessing by agement	V.P of	Date	
CITY CLYC WINDOUG COOK WINDOUGH CITY	CHS CEO and	l/or COO	and/or CF				— Dat	te		[Rev 1/201