

DEWITT HOSPITAL

DEPARTMENT: BUSINESS OFFICE

REVISED 1/1/2017

CHARITY QUALIFICATIONS

POLICY & PROCEDURE:

The following is used when determining if a patient qualifies for charity:

1. THE FEDERAL POVERTY GUIDELINES ARE USED TO DETERMINE IF THE PERSON'S INCOME PUTS THEM IN A NEED CATEGORY.
2. PERSONS WHO'S INCOME IS SOMEWHAT OVER THE POVERTY GUIDELINES MAY STILL BE CONSIDERED FOR CHARITY IF THEY HAVE A LOT OF MEDICAL BILLS.
3. CHECK STUBS, BANK STATEMENTS AND INCOME TAX RETURNS ARE SOME OF THE QUALIFYING DOCUMENTS USED FOR PROOF OF THEIR INABILITY TO PAY.
4. PATIENTS OR THEIR GUARANTORS WHO HAVE FILED A CHAPTER SEVEN BANKRUPTCY ARE ALSO ELIGIBLE FOR CHARITY.
5. DECEASED PERSONS WHO HAD NO APPARENT FUNDS OR LEFT NO ESTATE ARE CONSIDERED AS QUALIFYING

GUIDELINES ARE ON NEXT PAGE UPDATED FOR THE YEAR 2017 BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

FY 2017 Program Year (July 1, 2016 – June 30, 2017)	
Household Size	Maximum Monthly Income
1	\$1,485.00
2	\$2,003.00
3	\$2,520.00
4	\$3,038.00
5	\$3,555.00
6	\$4,073.00
7	\$4,591.00
8	\$5,111.00
Add:	\$520.00 for each additional person

FINANCIAL INFORMATION

Name of Patient: _____ Social Security # _____

Address _____ Phone _____

City _____ State _____ Zip _____

HOUSEHOLD MEMBERS:

Name	Age	Employer	Relationship to Patient
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

INCOME: List all Gross Income for Total Household Members for:

Last Twelve Months

Wages.....	_____
Farm/Self Employed.....	_____
Public Assistance.....	_____
Social Security/Disability Income.....	_____
Unemployment.....	_____
Workmen Compensation.....	_____
Strike Benefits.....	_____
Alimony.....	_____
Child Support.....	_____
Military Family Allotments.....	_____
Pensions.....	_____
Income From Dividends, Interest, Rent, Etc.....	_____
Other.....	_____

EXPENSES: List All Expenses as Requested Below:

Average Cost

Monthly Payment

Medical and Dental(you may attach corresponding bills)....	_____	_____
Childcare.....	_____	_____
Rent or Mortgage.....	_____	_____
Property Taxes		
(personal and real estate if not included in mortgage).....	_____	_____
Telephone.....	_____	_____
Electricity.....	_____	_____
Gas.....	_____	_____
Water.....	_____	_____
Food.....	_____	_____

EXPENSES(Cont'd)

Other Expenses not listed on previous page:
