

Financial Assistance Application

*Complete highlighted fields and attach Face Sheet

Patient Name:	Date:
Current MH Status: <input type="checkbox"/> New Admit <input type="checkbox"/> Hospice At Home <input type="checkbox"/> Casey House	

Household Monetary Income

GUIDELINES:

- Include pre-tax monetary income from all related household members
 - Types of income listed below.
- Do not include Noncash benefits, such as Food Stamps or Housing Subsidies
- If unsure about nature of income, ask
- Poverty thresholds are indexed to size of household and updated annually to adjust for inflation. They are not adjusted regionally.

Members of Household:

Patient:		Age:	
Spouse:		Age:	
Member:		Age:	

Please show relationship to patient (spouse, child, parent, etc.)

Household Size: Include all family members living in home

Sources of Monthly Income

All are Pre-Tax, Monthly Amounts

	Patient	Spouse	Family Member
Monthly Wages			
Unemployment Compensation			
Workers' Compensation			
Social Security			
Supplemental Security Income			
Public Assistance			
Veteran's Payments			
Survivor Benefits			
Pension or Retirement Income			
Interest and/or Dividends			
Rents and/or Royalties			
Income from Trusts and/or Estates			
Alimony and/or Child Support			
Support from outside the household			
Miscellaneous			

	Annual Family Income (A)
--	-----------------------------------

Monthly Expenses

Indicate your monthly household expenses for the following:

	Household
Food	
Utilities (gas, electric, water)	
Auto, gas, or transportation costs (Bus/Metro fares)	
Telephone	
Child Care	
Prescription Drug Costs (all family members)	
Other Healthcare or Dental expenses	
Other - Describe:	
Other - Describe:	

Attach an additional sheet if necessary

Total Monthly Expenses (B)

Creditors

Indicate the amount of all monthly payments and to whom they are made

	Household
* Documentation required	
Rent / Mortgage*	
Insurance (Auto)*	
Insurance (Other)*	Met Life
Other Payment *- Describe:	Health Insurance
Other Payment *- Describe:	Car Note
Other Payment *- Describe:	

Total Monthly Creditors (C)

Assets

	Patient	Spouse	Family Member
Bank Accounts:			
Savings			
Checking			
Other			
Stocks & Bonds			
IRA / Retirement Funds			
Life Insurance (Cash Value)*			
(Face Value)*			
Real Estate (other than homestead property):			
Home Value			
Mortgage Amount			
Home Equity			
Trust			
Vehicles			
Other - Describe:			
TOTAL ASSETS			

Total Assets

Total Family Monthly Income		(A)
Total Monthly Expenses	minus	(B+C)
Marginal Disposable Income	equals	

Supporting Documents Attached:

Bank Statements

Pay Stubs

Receipts

Latest Federal Income Tax Return Filed

I UNDERSTAND THAT THE INFORMATION WHICH I SUBMIT IS SUBJECT TO VERIFICATION BY MH AND SUBJECT TO REVIEW BY OTHERS AS REQUIRED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Patient Signature

Date:

Printed Name of Person Completing Form

(if other than patient)

Comments and Final Decisions from Montgomery Hospice:

Approved by:

Date:

Communicated to Patient by:

Date:

Eligibility Criteria for the MH Financial Assistance Program

Based upon Federal Poverty Guidelines, Gross Income Levels, 2019

Source: Federal Poverty Guidelines - 48 Contiguous States and D.C.

<u>Family Size</u>	<u>Family Income</u>	<u>200% Guideline</u>	<u>500% Guideline</u>
1		\$24,980	\$62,450
2		\$33,820	\$84,550
3		\$42,660	\$106,650
4		\$51,500	\$128,750
5		\$60,340	\$150,850
6		\$69,180	\$172,950
7		\$78,020	\$195,050
8		\$86,860	\$217,150

200% Test

Is Family Income greater than amount in 200% Guideline column?

NO Then patient qualifies for a full write-off of charges

YES Go to Sliding Scale Test

SLIDING SCALE CALCULATION

Over Income Amount 200 % Guideline 500 % Guideline
0

Sliding Scale Discount

Calculation Process:

- If family income is at or below the 200% guideline, they will receive a full write-off of charges

- If family income exceeds the 200% guideline, but does not exceed the 500% guideline, a sliding scale will be used to determine the percent reduction that will apply.

Formula:

Family Income - 200% Guideline = Over Income Amount

(1 - Over Income Amount / (500% Guideline - 200% Guideline)) x 100 = Percent Reduction

Example 1: A patient with a family size of 4, with income of \$21,458 would be eligible for a full write-off of their bill.

Example 2: A patient with a family size of 7 with actual income of \$96,000 would be eligible for a 85% reduction.

\$96,000 - \$78020 = \$18,000

(1 - \$18,000 / (\$195,050-\$78,020)) x 100 = 85% Reduction