



Financial Assistance Form

Monthly Income: Please indicate all sources of income		
	SOURCE	AMOUNT
Patient:		\$
Spouse:		\$
Other:		\$
Total Monthly Income:		
	Gross:	\$
	Net:	\$

Monthly Expenses: Please indicate average expenses

Rent /Mortgage:	\$	Utilities:	\$
Auto 1:	\$	Telephone:	\$
Auto 2:	\$	Child Care:	\$
Auto Insurance:	\$	Groceries:	\$
Health Insurance:	\$	Medications:	\$
Credit Cards (list)	\$	Physicians (list)	\$
Visa	\$		\$
MasterCard	\$		\$
Discover	\$		\$
Department Store	\$		\$
Other Credit Card	\$	Other (list)	\$
Other Credit Card	\$		\$
Other Credit Card	\$		\$
Total Expenses			\$

Total Monthly Income: \$
Total Monthly Expenses: \$
Total Monthly Income minus Expenses: (Grand Total): \$

I certify the above information is correct and that payment of my liability would present a financial hardship.

Signature of patient or guardian

Date

**NATIONAL POVERTY LEVEL SCALE
2006
GROSS INCOME**

	100%	+125%	+150%	+175%	+200%
FAMILY SIZE					
1	\$10,210	\$12,763	\$15,315	\$17,868	\$20,420
2	\$13,690	\$17,113	\$20,535	\$23,958	\$27,380
3	\$17,170	\$21,463	\$25,755	\$30,048	\$34,340
4	\$20,650	\$25,813	\$36,195	\$36,138	\$41,300
5	\$24,130	\$30,163	\$36,195	\$42,228	\$48,260
6	\$27,610	\$34,513	\$41,415	\$48,318	\$55,220
7	\$31,090	\$38,863	\$46,635	\$54,408	\$62,180
8	\$34,570	\$43,213	\$51,855	\$60,498	\$69,140
*	3,480				
	100%	75%	50%	25%	10%

WRITE OFF PERCENTAGE

*For family units with more than 8 members, add \$3,400 for each additional member.