



## Presbyterian Healthcare Services Financial Assistance Determination

Patient Name: \_\_\_\_\_ Eligible %: \_\_\_\_\_  
 Household Members: \_\_\_\_\_ Approved Amount: \_\_\_\_\_  
 Annual Income: \_\_\_\_\_ Adjustment Code: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Denied Amount: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Account Number \_\_\_\_\_ Account Number: \_\_\_\_\_

Family Size		1	2	3	4	5	6	7	8	Each Addl Person
<b>HHS Poverty Guidelines</b>		<b>11,170</b>	<b>15,130</b>	<b>19,090</b>	<b>23,050</b>	<b>27,010</b>	<b>30,970</b>	<b>34,930</b>	<b>38,890</b>	<b>3,960</b>
200% or less	100%	22,340	30,260	38,180	46,100	54,020	61,940	69,860	77,780	3,960
201% to 250%	75%	27,925	37,825	47,725	57,625	67,525	77,425	87,325	97,225	3,960
251% to 300%	50%	33,510	45,390	57,270	69,150	81,030	92,910	104,790	116,670	3,960
301% or above	0%	33,511	45,391	57,271	69,151	81,031	92,911	104,791	116,671	N/A

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Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_