2025 FINANCIAL STATEMENT WORKSHEET

Name: _____ Account # _____ Date:_____

Monthly Income _____ Family Size_____ Children? Yes___ No___

Family Size	100% W/O	90% W/O	80% W/O	70% W/O	60% W/O	50% W/O	40% W/O	30% W/O	20% W/O	10% W/O	OVER LIMIT
1	2608	2714	2820	2926	3032	3138	3244	3350	3456	3562	3668
2	3525	3631	3737	3843	3949	4055	4161	4267	4373	4479	4585
3	4442	4548	4654	4760	4866	4972	5078	5184	5290	5396	5502
4	5358	5464	5570	5676	5782	5888	5994	6100	6206	6312	6418
5	6275	6381	6487	6593	6699	6805	6911	7017	7123	7229	7335
6	7192	7298	7404	7510	7616	7722	7828	7934	8040	8146	8252
7	8108	8214	8320	8426	8532	8638	8744	8850	8956	9062	9168
8	9025	9131	9237	9343	9449	9555	9661	9767	9873	9979	10085

_____% Extension____ Reconsideration____ Prior Charity____ Date_____

Is patient covered under OHP____ If so, effective date_____ Insurance coverage_____

Who initiated charity request: TOC___ PT___ Other Party_____

Total Acct Balance_____ Dates of Services _____

Upcoming Appointments_____ Final sent_____ Collection assignment_____

DIVISION

$	$	$	$
$	$	$	$
$	$	$	$
$	$	$	$

Recommendation:

_____

_____

_____

_____

_____

Financial Counselor: _____ Charity Expires: ____ /____ /_____

Denied____ Approved____ Percentage of discount approved _____%

COMMENTS_____

Authorization _____ Date_____/_____/_____

Balance due after discount: $_____ Date Determination Letter sent _____/_____/_____