

OKLAHOMA HEART HOSPITAL CHARITY CARE DETERMINATION GUIDE

Patient Name:		MRN#_	MRN#		#Family members		-		
A. Current Return Gross Income				B. Fin Application Gross Income				_	
		C. Grea	ater of A or E	B					
Visit Number		Dates of Service		ie Self Pay(TS Self Pay Ins(SPI) Self Pay MCARE (SPN	100	Total Charges		Current Balance	
Addition	al space on fo	ollowing page							
		FEDERAL	INCOME G	UIDELINES	BY FAMILY	' SIZE – 20'	18		
150% of Federal Poverty Level									
	1	2	3	4	5	6	7	8	
100%	18,090	24,360	30,630	36,900	43,170	49,440	55,710	61,980	
95%	18,995	25,578	32,162	38,745	45,329	51,912	58,496	65,079	
90%	19,899	26,796	33,693	40,590	47,487	54,384	61,281	68,178	
85%	20,804	28,014	35,225	42,435	49,646	56,856	64,067	71,277	
80%	21,708	29,232	36,756	44,280	51,804	59,328	66,852	74,376	
75%	22,613	30,450	38,288	46,125	53,963	61,800	69,638	77,475	
71%	23,336	31,424	39,513	47,601	55,689	63,778	71,866	79,954	
Patient Qualified for % Assistance Patient Financial Counselor: Date:									
Reviewed by:							Date:		

Date: _____

Approved by: _____

Visit Number	Dates of Service	True Self Pay(TSP) Self Pay Ins(SPI) Self Pay MCARE (SPM)	Total Charges	Current Balance

Effective Date 02/03/2009 - CFO C Walker

Revised 07/17/09 Revised 08/17/09 Revised 08/02/2010 Revised 01/24/2011 Revised 01/25/2012 Revised 01/30/2013 Revised 06/03/2013 Revised 02/10/2014 Revised 06/24/2016 Revised 11/15/2017 Board of Managers Approval 02/02/2009 South Board Approved 02/07/2012

Date & Version #	Change Summary
06/24/2016	Updated 501(r)
11/15/2017	Updated FPL