

Attachment 1  
APALACHEE CENTER, INC.

INPATIENT FINANCIAL ASSISTANCE APPLICATION  
(Physician Fees are not covered under this Agreement)

Name of Patient: \_\_\_\_\_ Unit: \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Proof of income verification is required for all members of household in order for application to be processed. Proof of income verification consists of most current W2, last 4 paystubs, disability benefits statement, letter from Social Security Administration, letter from employer, and letter from individuals providing support for patient's basic living needs.

List all members of the household including the patients birthdate, relationship to patient, and income from each source. State whether income is per week, month or year.

Name	Birthdate	Relationship	Income Wk / Mo / Yr

(Note to applicant) You do not have to report income for a person in the household who is not legally responsible for the patient's medical bills and is not counted in the family size. For example: (If you have a brother or sister who lives with you, that person is not responsible for paying your medical bills, and would not have to be counted or report income).

If income of any member is self-employment, you may give information on business costs so that we can determine actual income to be counted. Write details on the back of this sheet.

**Income Certification:**

I HEREBY ACKNOWLEDGE THAT, IN ACCORDANCE WITH FLORIDA STATUE 817.50, PROVIDING FALSE INFORMATION TO DEFRAUD A HOSPITAL FOR THE PURPOSE OF OBTAINING GOODS AND SERVICES IS A MISDEMEANOR IN THE SECOND DEGREE AND I ATTEST TO THE FACT THAT THE INFORMATION GIVEN ABOVE IS ACCURATE.			
_____	_____	_____	_____
Witness Signature	Date	Patient Signature	Date

.....  
**FOR STAFF USE ONLY**

NUMBER IN HOUSEHOLD \_\_\_\_\_ TOTAL INCOME \_\_\_\_\_

VERIFICATION OF INCOME SUPPLIED YES \_\_\_\_\_ NO \_\_\_\_\_

ELIGIBLE FOR DISCOUNT YES \_\_\_\_\_ NO \_\_\_\_\_ APPROVED DISCOUNT PERCENTAGE \_\_\_\_\_

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

# APALACHEE CENTER, INC.

## INPATIENT CHARITY CARE AND DISCOUNT SCHEDULE

Effective July 1, 2018

Based on 2018 HHS Federal Poverty Guidelines (FPG) as published in the *Federal Register*

Family Size 1 FPG=12,140	If family income is less than or equal to -->	200% FPG 24,280	225% FPG 27,315	250% FPG 30,350	275% FPG 33,385	300% FPG 36,420	36,421
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 2 FPG=16,460	If family income is less than or equal to -->	200% FPG 32,920	225% FPG 37,035	250% FPG 41,150	275% FPG 45,265	300% FPG 49,380	49,381
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 3 FPG=20,780	If family income is less than or equal to -->	200% FPG 41,560	225% FPG 46,755	250% FPG 51,950	275% FPG 57,145	300% FPG 62,340	62,341
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 4 FPG=25,100	If family income is less than or equal to -->	200% FPG 50,200	225% FPG 56,475	250% FPG 62,750	275% FPG 69,025	300% FPG 75,300	75,301
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 5 FPG=29,420	If family income is less than or equal to -->	200% FPG 58,840	225% FPG 66,195	250% FPG 73,550	275% FPG 80,905	300% FPG 88,260	88,261
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 6 FPG=33,740	If family income is less than or equal to -->	200% FPG 67,480	225% FPG 75,915	250% FPG 84,350	275% FPG 92,785	300% FPG 101,220	101,221
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 7 FPG=38,060	If family income is less than or equal to -->	200% FPG 76,120	225% FPG 85,635	250% FPG 95,150	275% FPG 104,665	300% FPG 114,180	114,181
	The fee discount is -->	100%	80%	60%	40%	20%	0%
Family Size 8 FPG=42,380	If family income is less than or equal to -->	200% FPG 84,760	225% FPG 95,355	250% FPG 105,950	275% FPG 116,545	300% FPG 127,140	127,141
	The fee discount is -->	100%	80%	60%	40%	20%	0%