Washington County Public Health Client Financial Information

Name		Date		
☐Initial ☐Annual ☐Pay Source Change				
☐ Medicare #				
Services provided: Skilled Nursing Home Care Aide Homemaker Other				
In order to determine fee status in a non-discriminatory manner, the following financial information is needed. If you are unwilling to provide this information, you will be charged the full fee for services provided. I do not wish to disclose my income/resources and agree to pay full fee for services not covered by a 3 rd party payor.				
Client Signature Date				
Monthly Household Income:	Monthly Medical Expen		T	
Earnings/Salary	Prescription Medication	Cert. of Deposits		
Social Security	Medical Bills	Stocks/Bonds/CD's		
Disability	Insurance Premiums	Savings Account		
Pension	Medical Supplies	Checking Account		
Income from farmland or	Lifeline	Other		
other property				
Other Income:	Durable Medical Equipment			
Interest from:	Other:			
Cert. of Deposit	Total Expenses:	Total Resources:		
Stocks & Bonds				
Other:		FOR OFFICE USE ONLY		
Total Income:	Adj	Adjusted Income (Income–Expenses)		
Resources				
	An	nount used to calculate sliding fee		
Total Number in household				
I verify that the financial information above is correct to the best of my knowledge. WCPH reserves the right to request supporting documents (receipts, bank statements, etc.) to support the financial statement.				
Client Signature Date				
FOR OFFICE USE ONLY				
Service Charge		Comments		
Skilled Nursing = \$11	10.00 \$ p	per visit		

per hour
per hour
per visit

= \$ 24.00 = \$ 45.00 = \$

Home Care Aide Homemaker Other

11/10/2015

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Instructions for completing Financial Information Form

- 1. Monthly household income:
 - a. **Earnings/Salary**: Calculate monthly salary/earnings of client and spouse (if applicable).
 - b. **Social Security**: monthly net income after deductions (Medicare premium)
 - c. **Disability** SSI or any other form of disability income (i.e. Aflac, short-term, long-term disability)
 - d. **Pension**: Income from ---see restricted assets from Chapter 80, VA pension, IPERS, Railroad pension, fixed sum paid regularly to a person
 - e. Income from farmland or other property
 - f. **Other income**: income that does not fall under one of the above categories
 - g. Interest from: money received from interest bearing accounts that would not be considered Restricted Assets (Cert. of Deposits, Stocks & Bonds, etc.
 - h. Total Income: Sum of all monthly household income sources
- 2. **Monthly Medical Expenses**: Actual out of pocket medical expenses not covered by any third party payor. This could include prescription co-pays, medical/insurance deductibles, regular payments toward medical care not covered by third party payor, premiums for primary or supplemental health insurance, medical supplies necessary for treatment or care that are not covered by a third party payor, lifeline expenses, or durable medical equipment. Other medical costs may include hearing aides, eye glasses, dentures, etc.
 - a. Total expenses: Sum of all monthly household medical expenses.
- 3. **Unrestricted Assets:** List the amount of Certificate of Deposits, Stocks/Bonds/CD's, Savings Accounts, Checking Account, and any other assets you currently have in this section.
- 4. Total number in Household: List total number of people living in household.