OHIOHEALTH REHABILITION HOSPITAL FINANCIAL HARDSHIP DISCLOSURE FORM

(Based on two factors: 1) monthly gross income and dependents and 2) Total Net Assets)

Patient's Name:						
	Last	Firs	t	MI		
	Street Address					
	City		State	Zip Code		
	Date of Birth	Soci	al Security Number			
Monthly Household Gross Income		\$				
Total Number of Ho	ousehold Members					
Net Assets (total assets less debts)		\$				
Insurance Plan:						
Copay/Coinsurance	/Deductible:					
MOST RECENT PAYS RETURN. IF NOT REG SOCIAL SECURITY L ADDITIONAL INFORM NET ASSET DOCUMI RECENT MONTH'S BA	CATION MUST BE INCLUDED STUBS FOR ALL HOUSEHOLD QUIRED TO FILE A FEDERAL ETTER FOR THE YEAR SHOW MATION MAY BE REQUESTED ENTATION MUST BE INCLUDING ANK STATEMENTS AND LOAN ify that the above information is true.	O INCOME REPORT TAX RETURN, MED TING THE GROSS MO IF NEEDED TO ASSIS ED TO MAKE A DE STATEMENTS.	ED <u>AND</u> A COPY OF MOST DICARE PATIENTS MAY SUI ONTHLY AMOUNT RECEIVE ST IN MAKING A DETERMIN	RECENT INCOME TAX BMIT A COPY OF THEIR ED. PLEASE NOTE THAT IATION.		
SIGNATURE			DATE			
WITNESS/TITLE			DATE			
Spouse's Name (if	applicable):					
	Last		First	MI		
	Amount of Waiver Base Hardship [To be compl		%			
CBO Supervisor Ap	Supervisor Approval Signature Printed Name			Date		
Patient Account Nu	mber Hospital Databas	se # and Name	Outstanding E	Outstanding Balance		

OhioHealth Rehabilitation Hospital Financial Hardship Schedule Sliding-Scale Schedule based on 2017 US Dept. of Health and Human Services Poverty Guidelines

150% of Federal Poverty Guidelines Monthly

		Monthly		
Number of	Annual Gross	Gross	Hourly	
Dependents	Income	Income	Rate, if	Waiver %
			Full-time	
1	\$18,090	\$1,508	8.70	100%
2	\$24,360	\$2,030	11.71	100%
3	\$30,630	\$2,553	14.73	100%
4	\$36,900	\$3,075	17.74	100%
5	\$43,170	\$3,598	20.75	100%
6	\$49,440	\$4,120	23.77	100%
7	\$55,710	\$4,643	26.78	100%
8	\$61,980	\$5,165	29.80	100%
175% of Fed	eral Poverty Guide	<u>elines</u>		
1	\$21,105	\$1,759	10.15	80%
2	\$28,420	\$2,368	13.66	80%
3	\$35,735	\$2,978	17.18	80%
4	\$43,050	\$3,588	20.70	80%
5	\$50,365	\$4,197	24.21	80%
6	\$57,680	\$4,807	27.73	80%
7	\$64,995	\$5,416	31.25	80%
8	\$72,310	\$6,026	34.76	80%
200% of Fe	ederal Poverty Gui	idelines		
1	\$24,120	\$2,010	11.60	50%
2	\$32,480	\$2,707	15.62	50%
3	\$40,840	\$3,403	19.63	50%
4	\$49,200	\$4,100	23.65	50%
5	\$57,560	\$4,797	27.67	50%
6	\$65,920	\$5,493	31.69	50%
7	\$74,280	\$6,190	35.71	50%
8	\$82,640	\$6,887	39.73	50%
225% of Fe	ederal Poverty Gui	idelines		
1	\$27,135	\$2,261	13.05	25%
2	\$36,540	\$3,045	17.57	25%
3	\$45,945	\$3,829	22.09	25%
4	\$55,350	\$4,613	26.61	25%
5	\$64,755	\$5,396	31.13	25%
6	\$74,160	\$6,180	35.65	25%
7	\$83,565	\$6,964	40.18	25%
8	\$92,970	\$7,748	44.70	25%
Ü	ψ <i>,</i> 2, <i>,</i> 7,0	Ψ1,110	77.70	2570

2 Page Last Review Date: 10/26/2017