Piedmont Healthcare Corporation  
Customer Solutions Center  
Financial Assistance Worksheet

Name: ____________________________  Application Date: ____________________________

Guarantor/ID: ____________________________  Income: ____________________________

Guar. Relationship to Pt.: ____________________________  Piedmont Employee?: ____________________________

MRN: ____________________________  Dx/Px Codes: ____________________________

MCD Status: ____________________________  Date of MCD Status: ____________________________

Number in Household: ____________________________  Credit Score and Date: ____________________________

Type of Application: Pre-service ☐  Post-service ☐  Hardship ☐

Outcome of Application Review

Application: ☐ Emdeon  ☐ Paper

Missing Documentation: ☐ Photo ID  ☐ Signed Application

Proof of Residency: ☐

Proof of Income: ☐  Estimated Total Charges: __________

Proof of Number of Dependents: ☐

Patient is own Guarantor: ☐

Financial Assistance Denied: ☐ FPL > 300%

☐ C&E/Medicaid Non-Compliant

☐ Services Ineligible

☐ Missing Documentation >245 days

☐ Third Party Coverage Found

☐ Other: __________

Hardship Denied: ☐ Total charges < 25% of Annual Adjusted Gross Income

☐ Other: __________

Approved: ☐ Financial Assistance (100%)  ☐ Hardship (100%)

Eligibility Period (Date Range): __________

Signatures:  
Manager CSC: ____________________________  Date: ____________________________

Director CSC: ____________________________  Date: ____________________________

CFO: ____________________________  Date: ____________________________

For All Financial Assistance Applications:

Campus Completed By: ____________________________  Date: ____________________________

CSC Completed By: ____________________________  Date: ____________________________

☐ Valued FPL table  ☐ Entered guarantor notes

☐ Generated letter to patient  ☐ Scanned to guarantor

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