

**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