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: □ Est. Total Charges: ________________
Proof of # 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

Last Reviewed: Oct. 2020