



Site: 1 2 3 5 6 7

**PATIENT FINANCIAL SCREEN**

(Must be completed annually)

Nombre Del Paciente

Patient Name \_\_\_\_\_

Fecha De Nacimiento

Date of Birth \_\_\_\_\_

Chart # \_\_\_\_\_

Direccion

Address \_\_\_\_\_

Tamano De Familia

Family Size \_\_\_\_\_

Family to be defined as those members residing in a household and dependent upon that household as well as those individuals living outside the household who are dependent upon that household. Non-relatives, such as housemates, do not count as members of the family. **Typically "household" includes the head of household, spouse and dependents.**

**Average Gross Monthly or Annual Income:** *Include all income for all members living in the household.*

Wages/Salary	\$	<input type="checkbox"/> Paycheck Stubs
Self-Employment	\$	<input type="checkbox"/> W-2 or 1099
Unemployment Benefits	\$	<input type="checkbox"/> Tax Return (1040, 1120 etc.)
Social Security/SSI	\$	<input type="checkbox"/> Other
Child Support / Alimony	\$	<input type="checkbox"/> Letter / Screen
Military Leave	\$	
Workers Compensation	\$	
Foster Care	\$	
Self-Employed	\$	
Statement from Employer	\$	
Self-Declaration	\$	
<b>Total Gross Income</b>	<b>\$</b>	<input type="checkbox"/> Per Month <input type="checkbox"/> Per Year

<b>Clinic</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>Ryan White</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>

Patient refused assessment.

I understand I am being offered a Sliding Fee discount for services incurred at Joseph P. Addabbo Family Health Center regardless of my insurance status or ability to pay. If I do not choose to accept this discount, I will be responsible for any charges I incur for services I receive at Joseph P. Addabbo Health Center.

Firma Del Paciente

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

*For the Joseph P. Addabbo Family Health Center, Inc.*

Courtesy Visit \_\_\_\_\_ Date \_\_\_\_\_

*Supervisor Approval, Site #*

Comment: \_\_\_\_\_