FINANCIAL ASSISTANCE/ CHARITY CARE POLICY	EXHIBIT C

CHARITY CARE CALCULATION WORKSHEET

Patient Name: _____ Patient Account #: _____

Special Considerations/Circumstances:

_____
_____
_____
_____
_____

	Yes	No
Does Patient have Health Insurance?	_____	_____
Is Patient Eligible for Medicare?	_____	_____
Is Patient Eligible for Medi-Cal?	_____	_____
Is Patient Eligible for Other Government Programs?	_____	_____

If eligibility exists for above programs, patient will not generally be eligible for charity care

Does Patient have other insurance (auto medpay, workers comp)?	_____	_____
Was Patient injured by third party?	_____	_____
Is Patient Self-Pay?	_____	_____

Charity/Financial Assistance Calculation:

Total Family Income
(From Statement of Financial Condition) $_____

Family Size (From Statement of Financial Condition) _____

Qualification for Financial Assistance (Circle One) Full Partial

High Medical Cost

No Eligibility