

**MSU HEALTHTEAM FINANCIAL ASSISTANCE**

**BLG 1—A**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Balance Due: \_\_\_\_\_

**Responsible Party/Guarantor Information:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Dependents Living w/Responsible Party: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Years: \_\_\_\_\_

**ANNUAL HOUSEHOLD INCOME:**

Gross Salary	\$	_____
Interest Income		_____
Alimony		_____
Child Support		_____
Social Security Benefits		_____
Pension		_____
General Assistance		_____
Unemployment		_____
Disability/Workers Comp		_____
Other		_____
Total Income	\$	_____

**For Internal Use Only:**

Information Verified: Approved

Denied

If Approved—Discount Percentage: \_\_\_\_\_

General Medicine \_\_\_\_\_ Mental Health \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If Denied—Reason for Denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Accounts Rep/Reviewers Initials

I hereby acknowledge that the information herein is correct to the best of my knowledge. I authorize Michigan State University to verify any information contained in this document, for the sole purpose of assessing financial need.

\_\_\_\_\_  
Signature of Responsible Party/Guarantor Date

\_\_\_\_\_  
Signature Patient Accounts Supervisor/Designee Date

**MSU HEALTHTEAM  
FINANCIAL HARDSHIP POLICY  
INCOME GUIDELINES 2013**

	100% Poverty Level	133% of Poverty Level	150% of Poverty Level	185% of Poverty Level
	ANNUAL INCOME WITH CORRESPONDING WRITE-OFF PERCENTAGE			
<b>FAMILY SIZE</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>	<b>25%</b>
1	\$11,490	\$15,282	\$17,235	\$21,257
2	\$15,510	\$20,628	\$23,265	\$28,694
3	\$19,530	\$25,975	\$29,295	\$36,131
4	\$23,550	\$31,322	\$35,325	\$43,568
5	\$27,570	\$36,668	\$41,355	\$51,005
6	\$31,590	\$42,015	\$47,385	\$58,442
7	\$35,610	\$47,361	\$53,415	\$65,879
8	\$39,630	\$52,708	\$59,445	\$73,316

For Each  
Additional  
person, add

\$4,020