Shodair
CHILDREN'S HOSPITAL

# ShoCare Application Form

**Effective January 1, 2019**

**SHOCARE**
**Shodair Children's Hospital**

**Patient Name:** _____ **Account #s (if applicable)** _____

| 2019 FPL | Family Size | A (100% Discount) Income Level From | A To * | B (60% Discount) Income Level From | B To | C (40% Discount) Income Level From | C To | F (20% Discount) Income Level From | F To |
|---|---|---|---|---|---|---|---|---|---|
| $12,490 | 1 | $0 | $24,980 | $24,981 | $37,470 | $37,471 | $49,960 | $49,961 | $62,450 |
| $16,910 | 2 | $0 | $33,820 | $33,821 | $50,730 | $50,731 | $67,640 | $67,641 | $84,550 |
| $21,330 | 3 | $0 | $42,660 | $42,661 | $63,990 | $63,991 | $85,320 | $85,321 | $106,650 |
| $25,750 | 4 | $0 | $51,500 | $51,501 | $77,250 | $77,251 | $103,000 | $103,001 | $128,750 |
| $30,170 | 5 | $0 | $60,340 | $60,341 | $90,510 | $90,511 | $120,680 | $120,681 | $150,850 |
| $34,590 | 6 | $0 | $69,180 | $69,181 | $103,770 | $103,771 | $138,360 | $138,361 | $172,950 |
| $39,010 | 7 | $0 | $78,020 | $78,021 | $117,030 | $117,031 | $156,040 | $156,041 | $195,050 |
| $43,430 | 8 | $0 | $86,860 | $86,861 | $130,290 | $130,291 | $173,720 | $173,721 | $217,150 |

* Income is defined to include all sources of household income including but not limited to: gross wages, Social Security, governmental assistance, child support,alimony, unemployment compensation and business and investment income.

*** Shodair will also consider how much other medical debt you owe in determining your ShoCare discount.**
**Please indicated how much other medical debt you owe, not including your current account with Shodair: $_____**

**By circling your income range on the table above and signing your name below, you attest that the you have provided true and verifyable income information and are willing to provide written proof of income when requested by Shodair.**

_____ _____
**Name (person responsible for bill)** **Date**

_____
**Signature**

**Shodair Approvals:**

**Dept/Staff Sponsor** _____
**Percent Approved by CFO** _____
**Date Approved/CFO initials** _____
**Account(s) approved** _____