

**ADMITTING SERVICES DEPARTMENT
FINANCIAL INCOME DOCUMENTATION WORKSHEET**

PT NAME: _____
MED RC #: _____

INCOME CALCULATION*

*Must have most recent consecutive checks for documentation of income. See approved document list.

	PATIENT INCOME				SPOUSE/OTHER INCOME			
	Weekly	Bi-Weekly	Twice a month	Monthly	Weekly	Bi-Weekly	Twice a month	Monthly
Check Amount (1)	_____				_____			
Check Amount (2)	_____				_____			
Check Amount (3)	_____				_____			
Check Amount (4)	_____				_____			
Check Amount (5)	_____				_____			
Check Amount (6)	_____				_____			
=	_____				_____			
TOTAL of all Stubs:	_____				_____			
Average	÷ 4 =	_____			÷ 4 =	_____		
Annual	x 52 =	_____			x 52 =	_____		
PATIENT MONTHLY INCOME:	÷ 12 =	_____			÷ 12 =	_____		
INCOME TAX/SELF EMPLOYED								
Line 22	_____			_____				
Depreciation	_____			_____				
Other	_____			_____				
TOTAL	÷ 12 =			_____			÷ 12 =	
Unearned Income:	_____				_____			
Total Income:	_____				_____			

TOTAL HOUSEHOLD INCOME: _____

CHECK OFF FOR DOCUMENTATION ON FILE

PROOF OF ID:	<input type="checkbox"/>	WERE ASSETS USED TO CALCULATE ADDITIONAL INCOME?*	<input type="checkbox"/>	
PROOF OF RESIDENCE:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	*If yes, Asset Calculation Worksheet should be used and complete income & asset totals below	YES OR NO
PROOF OF DEPENDENTS:	<input type="checkbox"/>			
ASSET REVIEW	<input type="checkbox"/>			
		* TOTAL INCOME	+	TOTAL ASSETS (25% ÷ 12 months)
		_____		_____
			=	TOTAL

SCREENER:	_____			DATE: _____