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### FINANCIAL POLICIES: CHARITABLE CARE PATIENTS

It is our desire at Sentinel Primary Care to provide primary care services to those who would otherwise lack access to health care because of ineligibility for government programs and financial hardship.

**Instructions:** Please review each part of our financial policies, initial each one, and sign at the bottom of the form. Complete the form and bring it with you at the time of your visit.

\_\_\_\_\_ **A. Eligibility:** You must meet Charitable Care eligibility to become a patient with Sentinel Primary Care. If your circumstances change in the future such that you no longer meet the eligibility criteria then you will have to relinquish your charitable care status with Sentinel Primary Care. You will have the option to continue with the practice under the annual membership fee (please see the financial policy on membership fee). However, if you become ineligible for charitable care and choose not to continue under the annual membership fee then we will continue to provide primary care services for up to 60 days while you seek out a new primary care office.

Charitable Care eligibility is as follows:

1. Household income less than 300% of the U.S. Department of Health & Human Services Federal Poverty Guidelines, as published in the Federal Register ([federalregister.gov](http://federalregister.gov)) (Table 1).
2. Provide documentation such as tax returns, paystubs, or bank statements.
3. Household liquid assets (cash, savings/checking account, certificate of deposit, etc.) less than 100% of the U.S. Department of Health & Human Services Federal Poverty Guidelines.
4. Ineligible for government insurance programs such as Medicaid, Medicare, or Veterans Administration healthcare benefits.
5. Final determination of eligibility will be at the discretion of Sentinel Primary Care.
6. Because the number of available patient spots for charitable care is limited and is influenced by the practice's financial resources, eligibility for charitable care does not guarantee acceptance into the practice.

\_\_\_\_\_ **B. Payment Required at Time of Service:** Payment is due in full at the time of service. Charges for services are based on minimum wage. The fee for an annual physical is one hour of minimum wage and the fee for a follow up or acute visit is 30 minutes of minimum wage. Any charges for laboratory studies will be due at the time of the visit.

\_\_\_\_\_ **C. Outside services:** Our bills for service do not include radiology services, pathology studies, physical therapy, specialists, or any other services provided or obtained outside of the practice. If you receive any of these services, you will receive a separate bill from the facility where the services were performed.

\_\_\_\_\_ **D. Method of Payment:** Sentinel Primary Care accepts cash and credit cards. Please check with the practice to inquire which cards we accept, as this list may change over time.

Print First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

2018 Federal Income Poverty Guidelines *		
Persons in family/household	2018 Federal Poverty Level Income	Sentinel Primary Care Charitable Care Family income up to 300% of Federal Poverty Level
1	\$12,140	\$36,420
2	16,460	49,380
3	20,780	62,340
4	25,100	75,300
5	29,420	88,260
6	33,740	101,220
7	38,060	114,180
8	42,380	127,140

\* For families/households with more than 8 persons add \$4,180 for each additional person.

Table 1

Assets	Amount in Dollars	Debts	Amount in Dollars
Cash	\$	Credit card debt	\$
Savings account	\$	Student loan, debt total outstanding principal	\$
Checking account	\$	Auto loan debt, debt total outstanding principal	\$
Certificate of deposit (CDs)	\$	Home mortgage debt, debt total outstanding principal	\$
Securities –stocks, bonds mutual funds	\$	Other loan (specify): _____	\$
Home (if owned), market value	\$	Other real estate mortgage, debt total outstanding principal	\$
Other real estate, market value	\$	Back taxes owed	\$
Personal property – auto, other	\$	Other debts (specify): _____	\$
Retirement savings – 401k, other	\$		\$
Other assets	\$		\$
<b>Total Assets</b>	\$	<b>Total Debts</b>	\$
<b>Total Assets minus Total Debts:</b>			\$

Household income	Amount in dollars
Salary and wages (yourself) annually	\$
Salary and wages (spouse) annually	\$
Dividends and interest income annually	\$
Bonuses and commissions annually	\$
Real estate income annually	\$
Other income (specify): _____	\$
<b>Total</b>	\$

Print First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_