



## Application for Assistance with Hospital Expenses Ambulatory Services

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

Account Number: \_\_\_\_\_ Date of Service: \_\_\_\_\_

	<b>Credit Code E</b>	<b>Credit Code F</b>	<b>Credit Code H</b>
<b>Family Size</b>	<b>Annual Income</b>	<b>Annual Income</b>	<b>Annual Income</b>
1	\$0 - \$12,760	\$12,761 - \$19,140	\$19,141 - \$25,520
2	\$0 - \$17,240	\$17,241 - \$25,860	\$25,861 - \$34,480
3	\$0 - \$21,720	\$21,721 - \$32,580	\$32,581 - \$43,440
4	\$0 - \$26,200	\$26,201 - \$39,300	\$39,301 - \$52,400
5	\$0 - \$30,680	\$30,681 - \$46,020	\$46,021 - \$61,360
6	\$0 - \$35,160	\$35,161 - \$52,740	\$52,741 - \$70,320
7	\$0 - \$39,640	\$39,641 - \$59,460	\$59,461 - \$79,280
8	\$0 - \$44,120	\$44,121 - \$66,180	\$66,181 - \$88,240
For each additional person add	\$0 - \$0	\$1 - \$0	\$1 - \$0

	<b>Credit Code J</b>	<b>Credit Code K</b>
<b>Family Size</b>	<b>Annual Income</b>	<b>Annual Income</b>
1	\$25,521 - \$51,040	\$51,041 or greater
2	\$34,481 - \$68,960	\$68,961 or greater
3	\$43,441 - \$86,880	\$86,881 or greater
4	\$52,401 - \$104,800	\$104,801 or greater
5	\$61,361 - \$122,720	\$122,721 or greater
6	\$70,321 - \$140,640	\$140,641 or greater
7	\$79,281 - \$158,560	\$158,561 or greater
8	\$88,241 - \$176,480	\$176,481 or greater
For each additional person add	\$4,480	\$4,480

NOTE: Additional information and proof of income may be required before a final determination is made by the hospital.

In the event that your injuries or illness, which necessitated the services rendered by Tampa General Hospital, arose from the acts or omission of a third party and you are entitled to compensation from that third party or their insurer, then the aforementioned charity entitlement is null and void. Tampa General Hospital, as the holder of the assignment of benefits is entitled to be reimbursed for services rendered directly from any settlement or judgment proceeds. Failure to advise Tampa General Hospital of any third party settlement or judgment will result in the revocation of the charity entitlement.

The financial information that you provide may be verified by Tampa General Hospital. Falsification of this information is against state law and will result in the revocation of any discount and/or charity adjustment granted, thus making the total balance your responsibility.

I authorize the hospital and/or contractor to act on my behalf for the purposes of obtaining insurance coverage or replacement medications.

I understand that providing false information to defraud a hospital for the purpose of obtaining goods or services is a MISDEMEANOR in the second degree and punishable under FLORIDA STATUTE 817.50. I certify the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Patient or Parent of Minor Patient or Patient's Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Parent of Minor Patient or Patient's Legal Guardian

\_\_\_\_\_  
Signature of Witness



## Aplicación para Ayuda con los Costos del Hospital Servicio Ambulatorio

Esta sección que se completará por empleados del Hospital (*This section to be completed by hospital staff*):

Nombre del Paciente (*Patient name*): \_\_\_\_\_

Número de Cuenta (*Account number*): \_\_\_\_\_ Fecha del Servicio (*Date of Service*): \_\_\_\_\_

	<b>Credit Code E</b>	<b>Credit Code F</b>	<b>Credit Code H</b>
<b>Family Size</b>	<b>Annual Income</b>	<b>Annual Income</b>	<b>Annual Income</b>
1	\$0 - \$12,760	\$12,761 - \$19,140	\$19,141 - \$25,520
2	\$0 - \$17,240	\$17,241 - \$25,860	\$25,861 - \$34,480
3	\$0 - \$21,720	\$21,721 - \$32,580	\$32,581 - \$43,440
4	\$0 - \$26,200	\$26,201 - \$39,300	\$39,301 - \$52,400
5	\$0 - \$30,680	\$30,681 - \$46,020	\$46,021 - \$61,360
6	\$0 - \$35,160	\$35,161 - \$52,740	\$52,741 - \$70,320
7	\$0 - \$39,640	\$39,641 - \$59,460	\$59,461 - \$79,280
8	\$0 - \$44,120	\$44,121 - \$66,180	\$66,181 - \$88,240
For each additional person add	\$0 - \$0	\$1 - \$0	\$1 - \$0

	<b>Credit Code J</b>	<b>Credit Code K</b>
<b>Family Size</b>	<b>Annual Income</b>	<b>Annual Income</b>
1	\$25,521 - \$51,040	\$51,041 or greater
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6	\$70,321 - \$140,640	\$140,641 or greater
7	\$79,281 - \$158,560	\$158,561 or greater
8	\$88,241 - \$176,480	\$176,481 or greater
For each additional person add	\$4,480	\$4,480

NOTA: Se puede exigir información adicional y prueba de ingresos antes de que el hospital tome una determinación final.

En caso de que las lesiones o enfermedad que necesitaron los servicios del Hospital General de Tampa hayan surgido por actos u omisiones de un tercero y usted tenga derecho a compensación por parte de ese tercero o su compañía de seguro, entonces el derecho al servicio de caridad mencionado atrás será nulo y sin efecto. El Hospital General de Tampa, como titular de la asignación de beneficios, tiene derecho a recibir reembolso por los servicios prestados directamente de los fondos recibidos por cualquier acuerdo u orden judicial. No informar al Hospital General de Tampa de cualquier acuerdo de arreglo con terceros o sentencia judicial resultará en la revocación del derecho a servicios de caridad.

La información financiera que usted suministre podrá ser verificada por el Hospital General de Tampa. La falsificación de esta información es contraria a las leyes del estado y dará lugar a la revocación de cualquier descuento y/o ajuste concedido por el beneficio de caridad, y, por lo tanto, usted será responsable por el pago del saldo total.

Yo autorizo al hospital y/o al contratista para actuar a nombre mío con el fin de obtener cobertura de seguro o de medicamentos de reemplazo.

Yo entiendo que suministrar información falsa para defraudar a un hospital con el fin de obtener bienes y servicios es un DELITO MENOR en segundo grado, sancionable de conformidad con el ESTATUTO DE LA FLORIDA 817.50. Certifico que la información anterior es verdadera y exacta según mi leal saber y entender.

\_\_\_\_\_  
Firma del paciente / Padre del menor / Guardián del paciente

\_\_\_\_\_  
Firma del testigo

\_\_\_\_\_  
Nombre del paciente / Padre del menor / Guardián del paciente (En letra de molde)

\_\_\_\_\_  
Fecha

