

Patient Name: _____

Account Number: _____ Date of Service: _____

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

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.
