



**DESOTO MEMORIAL HOSPITAL
INCOME CERTIFICATION STATEMENT**

DeSoto Memorial Hospital
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**DESOTO MEMORIAL HOSPITAL USES THE "SLIDING SCALE METHOD" TO DETERMINE
THE DOLLAR AMOUNT TO BE CONSIDERED AS REDUCTION IN FEES FOR ELIGIBLE PATIENTS**

**REDUCTION IN FEES DETERMINATION IS BASED ON
2022 FEDERAL POVERTY GUIDELINES**

Family Size		GROSS INCOME IS USED IN FLORIDA							PATIENT PAYS
% FPG	1	2	3	4	5	6	7	8	
100%	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630	0%
150%	\$20,385	\$27,465	\$34,545	\$41,625	\$48,705	\$55,785	\$62,865	\$69,945	0%
200%	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260	0%
250%	\$33,975	\$45,775	\$57,575	\$69,375	\$81,175	\$92,975	\$104,775	\$116,575	10%
300%	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$125,730	\$139,890	20%
350%	\$47,565	\$64,085	\$80,605	\$97,125	\$113,645	\$130,165	\$146,685	\$163,205	30%
400%	\$54,360	\$73,240	\$92,120	\$111,000	\$129,880	\$148,760	\$167,640	\$186,520	40%

FOR FAMILIES/HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD \$4,720 FOR EACH ADDITIONAL PERSON.

Date: _____ Account Number: _____

Patient Name: _____

Patient Address: _____
Street Apt Number

City State Zip Code

Guarantor Name: _____

Number of persons in family: _____
(Based on income tax returns)

MOST RECENT BANK STATEMENT, PAY STUBS FOR ONE MONTH, AND YOUR MOST
RECENT TAX RETURN ARE REQUIRED FOR YOU TO QUALIFY FOR CHARITY.
ANY EXCEPTION IS TO BE APPROVED BY THE DIRECTOR OF PATIENT ACCOUNTS.

I am making specific representations as to my financial circumstances and affirm that the statements I have made to DeSoto Memorial Hospital are true and correct. Further, I hereby authorize my employer and my financial institutions (banks, saving and loan, credit union or financial company) to release any and all financial information to DeSoto Memorial Hospital concerning me or my financial accounts, including joint accounts, employment history, and loan agreements. I hereby acknowledge that, in accordance with Florida Statute 817.50, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree and I attest to the fact that the information above is accurate.

Witness Signature

Guarantor Signature