DeSoto Memorial Hospital
900 N. Robert Avenue
Arcadia, FL 34266
(863)494-3535
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DESOTO MEMORIAL HOSPITAL
INCOME CERTIFICATION STATEMENT

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 2023 FEDERAL POVERTY GUIDELINES

Family Size — GROSS INCOME IS USED IN FLORIDA									PATIENT
% FPG	1	2	3	4	5	6	7	8	PAYS
100%	$14,580	$19,720	$24,860	$30,000	$35,140	$40,280	$45,420	$50,560	0%
150%	$21,870	$29,580	$37,290	$45,000	$52,710	$60,420	$68,130	$75,840	0%
200%	$29,160	$39,440	$49,720	$60,000	$70,280	$80,560	$90,840	$101,120	0%
250%	$36,450	$49,300	$62,150	$75,000	$87,850	$100,700	$113,550	$126,400	10%
300%	$43,740	$59,160	$74,580	$90,000	$105,420	$120,840	$136,260	$151,680	20%
350%	$51,030	$69,020	$87,010	$105,000	$122,990	$140,980	$158,970	$176,960	30%
400%	$58,320	$78,880	$99,440	$120,000	$140,560	$161,120	$181,680	$202,240	40%

FOR FAMILIES/HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD $5,140 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

Form # 071
Revised: 08/2023