



PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

PATIENT NAME: _____

MEDICAL RECORD #: _____

1. What is the patient's age? _____
2. Is the patient a U.S. citizen or permanent resident? Yes or No
3. Is patient pregnant? Yes or No
4. Does patient have children under 21 years of age living at home? Yes or No
5. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment? Yes or No
6. Is patient currently receiving SSI or SSDI benefits? Yes or No
7. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts? Yes or No

Family Size:

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

(Example: For a family of four, if you have total liquid assets of less than \$3,200.00, you would answer YES.)

8. Is patient a resident of the State of Maryland? Yes or No
If not a Maryland resident, in what state does patient reside? _____

PLEASE MAIL INFORMATION TO:
5300 Alpha Commons Drive, Suite 300
Baltimore, MD 21224
ATTN: Financial Assistance Liaison