



JOHNS HOPKINS

M E D I C I N E

JOHNS HOPKINS  
HEALTH SYSTEM

**PATIENT FINANCIAL SERVICES**  
**PATIENT PROFILE QUESTIONNAIRE**

HOSPITAL NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_ (Include zip code)

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 follow 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? \_\_\_\_\_
- 9. Is patient homeless? Yes or No
- 10. Does patient participate in WIC? Yes or No
- 11. Does household have children in the free or reduced lunch program? Yes or No
- 12. Does household participate in low-income energy assistance program? Yes or No
- 13. Does patient receive SNAP/Food Stamps? Yes or No
- 14. Is the patient enrolled in Healthy Howard and referred to JHH? Yes or No
- 15. Does patient currently have:
  - Medical Assistance Pharmacy Only Yes or No
  - QMB coverage/SLMB coverage Yes or No
  - PAC coverage Yes or No
- 16. Is patient employed? Yes or No  
If no, date became unemployed. \_\_\_\_\_  
Eligible for COBRA health insurance coverage? Yes or No

**PLEASE MAIL INFORMATION TO:**  
**3910 Keswick Road, Suite S-5100**  
**Baltimore, MD 21211**  
**ATTN: Financial Assistant Liaison**