JOHNS HOPKINS MEDICINE

JOHNS HOPKINS HEALTH SYSTEM

PATIENT FINANCIAL SERVICES

PATIENT PROFILE QUESTIONAIRE

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:
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ATTN: Financial Assistant Liaison