



Miami Jewish Health

PRESUMPTIVE ELIGIBILITY DETERMINATION FORM

A patient may be eligible for charity care even if they have no financial assistance form on file, where the patient or other sources can provide sufficient evidence of presumptive eligibility. Due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include (attach documentation to this form):

- A patient receiving free care from a community clinic and the community clinic refers the patient to the hospital for treatment or for a procedure and where MJH will rely on the financial assistance determination process of those organizations
- State-funded prescription programs
- A homeless, indigent, or homeless clinic patient
- A patient eligible for food stamps
- A Medicaid eligible patient where MJH will rely on the financial assistance determination process of Medicaid, including:

Patient is currently on Medicaid, but has a prior balance within 12 months of the approval date

Patient is in a hospice and has Medicaid only

Patient has Medicaid through a non-contracted state

Patient qualifies for Medicaid with a "spend-down requirement"

Patient is eligible for other state or local assistance programs that are unfunded (i.e., Medicaid spend down)

- Patient is deceased with no known responsible party or estate. The due diligence efforts to verify the estate assets are to be documented.

- Other (describe in detail) _____

Patient Name _____ Date _____

MJH Processor - Name and Title _____