

For Administrative use only
 Facility _____
 Account # _____
 Med.Rec# _____

For Administrative use only
 Patient Type _____
 Amount of W/O \$ _____
 Method of Calculation _____

Y° R c•í
 (CE U x ð A)

I. W' †îyÀ °<

Z• †r : _____
 (ý) (†r) (ø~ †r) (SSN- 6 Â\$) (âxVŠ)

? %o †r : _____
 (ý) (†r) (ø~ †r) (SSN- 6 Â\$) (âxVŠ)

ï : _____
 (y) (d) (i) (IÜ !N)

•T ·X!N : _____ ·X!N : _____ %o>·X !N : _____

II. yî °<

R,• 1M 1M

	β Ô S †	a 3 v" K (6 Â\$)

III. @ÿÂE °<

R „o (W', < †, F' Ó Rã'):	R „o , ì ý ÂE i
	ÈH # :
	ÈH # :
	ÈH # :

IV. <2 °< (' | %o ? 5 ½ ? | ' v Á l 7 f , H œ U

ÿ ... <2 <•s Â Ž•œ ÿ ... <2 (Medicaid, Child Health Plus, Family Health Plus Ó Healthy NY œ)s c• ðœ \$?		Â >
'' 8 43 c ¾F, Ô- °<n ¼Ð" iha . (? 5 î †r , ï , ·X!N , ? 5 ð l / ' !N •• ½ ? ÿ ø)		

ÿ° R c•í

(œUxð B)

VI. ÿ° :í

Z•, ? %o, l• Uæ•p > !Ö ø:(A d H 'l)

<u>S</u> " :	<u>Ó</u> :
! ž , , °	\$
d6y« 9:	\$
Õ%o 9:	\$
h ö 9:	\$
Åp U	\$
‡P 9: /âÃx	\$
ž> —	\$
Upĩ —	\$
	\$
: / ‡•	\$

l —(•ÿø ø):