

COURTESY REQUEST FORM
THE CUMBERLAND HEIGHTS FOUNDATION, INC.
PATIENT ADMITTANCE APPROVAL

Date: _____ Patient Name _____

All Accounts? Y N if not Account #(s) _____, _____, _____,
Does this include CHPA charges? Y N

Requested by _____ Referral source _____

Type Courtesy: (check one only)

_____ 80% write off 20% patient responsibility

_____ 50% write off 50% patient responsibility

_____ AFL / CIO Aftercare Deal

_____ Other (Please Specify) _____

Reason why courtesy was requested and additional comments:

Was account reviewed by Financial Advisor? YES NO

Signature of Financial Advisor certifying that no other resources are available

Authorized Signature _____

Chief Executive, Chief Financial, Chief Marketing Officer or Chief Clinical Officer

	Acct # _____	Acct # _____	Acct # _____
Total Bill	\$ _____	\$ _____	\$ _____
Insurance to pay	\$ _____	\$ _____	\$ _____
Patient responsibility	\$ _____	\$ _____	\$ _____
Amount of courtesy	\$ _____	\$ _____	\$ _____

Please forward authorized original to the appropriate financial advisor within 48 hours of admission and send a copy to the Intake / Utilization Review supervisor.