UTMB ADMITTING SERVICES - FINANCIAL COUNSELING MEDICALLY INDIGENT WORKSHEET COMPUTATION OF NET MONTHLY DISPOSABLE INCOME

Patient Name Medical Record #				- -
Take Home Pay (If Provided)	Patient	Spouse _	Total \$0.00	-
If Take Home Pay Not Provided				
Monthly Gross Income (1)			\$0.00	<u>-</u>
Less Fed W/H Tax				(Enter as minus)
Less SS Tax			\$0.00	(Enter as minus)
Less Medicare Tax			\$0.00	(Enter as minus)
Less Other Deductions (List)				_
Less -			\$0.00	(Enter as minus)
Less -				(Enter as minus)
Less -			\$0.00	(Enter as minus)
Net Monthly Gross Income (Take Home Pay)	\$0.00	\$0.00	\$0.00	
Cost of Living Expenses Home Mortgage Rent Home Insurance Property Taxes Auto Loan		- - - - - -		- - - - -
Health Insurance		_		_
Auto Insurance		_		_
Other (List)		_		
		_		_
		_		_
		-		-
Other Medical Bills (List)		_		-
		_		_
		_		_
				_

Date: 5/3/2011

Date:

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Lights	
Water	
Natural Gas/Propane	
Telephone	
Food	Estimate (no proof required)
Gasoline	Estimate (no proof required)
Medications	
Other Expenses (List)	
Other Debts (List)	
	
	
	
Total Cost of Living Expenses	\$0.00
NET DISPOSABLE INCOME	\$0.00

(1) To compute Monthly Gross Salary:

If paid weekly - multiply weekly salary by 52 and divide by 12
If paid bi-weekly - multiply bi-weekly salary by 26 and divide by 12