Please provide information based upon your hospital's fiscal year end report. Return within 15 days, to Paul Kennedy, Agency for Health Care Administration, Bureau of Certificate of Need/Financial Analysis, Budget Review Section, 2727 Mahan Drive, Mail Stop Code 28, Tallahassee, FL 32308. Directions are located on the back of this document. This form is used to determine your hospital's state-wide eligibility for the upcoming CFY HCRA.

## HEALTH CARE RESPONSIBILITY ACT (HCRA)
### OUT-OF-COUNTY PATIENTS - CHARITY WRITE OFFS

<table>
<thead>
<tr>
<th>Patient Number</th>
<th>Date of Service/Discharge</th>
<th>Total Patient Charges</th>
<th>Charity Care Written Off</th>
<th>Date Account Written Off</th>
<th>Patient's Residence City</th>
<th>Patient's Residence County</th>
<th>Documentation Supporting the Patient's County of Residence</th>
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**TOTAL:**

IF YOU HAVE QUESTIONS, PLEASE CALL Paul Kennedy or Melvin Austin, AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) AT (850) 488-8672.

INSTRUCTIONS FOR COMPLETION OF
PLEASE PROVIDE ALL THE INFORMATION REQUESTED FOR EACH CHARITY CARE PATIENT LISTED; OTHERWISE, THIS REPORT WILL BE RETURNED TO YOU FOR COMPLETION AND RE-SUBMISSION.

1. **CHARITY CARE WRITTEN OFF:** Report only dollar amounts for each patient. If the amount written off exceeds the patient's charges, please provide an explanation.

2. **DATE ACCOUNT WRITTEN OFF:** Report for only those patients whose accounts were written off during the fiscal year which corresponds to the hospital fiscal year currently being reported.

3. **PATIENT'S RESIDENCE:** Report the city and county of residence only for each charity care patient who does not reside in the same county in which your hospital is located. Out-of-county patients may be included in this report; for any out-of-state patients, please report state of residence in place of county of residence.

4. **DOCUMENTATION SUPPORTING THE PATIENT'S COUNTY OF RESIDENCE:** Provide a description of the type of document used to verify the patient's residence. The AHCA will accept the following types of documents as acceptable forms of documentation to support residency:
   a. Current, valid Driver License
   b. Mortgage, lease or rental receipt or letter from the landlord
   c. Proof of home ownership
   d. Water, electric or other public utility bill in the name of the applicant or family unit member to a residential address within the county
   e. A state, county, or federal document mailed to the applicant to a residential address within the county
   f. Vehicle registration in the name of the applicant or family unit member to a residential address within the county
   g. Voter's registration
   h. Proof children/spouse/patient are enrolled in public schools/colleges within the county
   i. Recent historical record of residence documented through a county department's case record
   j. A statement signed by the patient or his legal guardian or designated representative attesting to the patient's county of residence.