**Section 148.TABLE A Renal Participation Fee Worksheet**

|  |  |  |
| --- | --- | --- |
| Date |  |  |
| Initialed |  |  |
| Patient Identification Number |  |  |
| PATIENT’S NAME |  |
|  | Last | First | Middle Initial |
| In questions 1 through 4 below, please circle one number or group of numbers: |
| 1. | NUMBER OF PERSONS IN FAMILY | 1 | 2 | 3 | 4 | 5 | 6 or more |
| 2. | NUMBER OF CHILDREN |  | 1 | 2 | 3 | 4 | 5 or more |
| 3. | AGE OF OLDEST CHILD IN YEARS |  |  | 0-5 | 6-15 | 16-17 | 18 and over |
| 4. | AGE OF HEAD OF HOUSEHOLD |  |  | Under 35 | 35-54 | 55-64 | 65 and over |
|  | BUREAU OF LABOR STATISTICS (BLS) EQUIVALENCE FACTOR= |  |
|  |  |  | (see Table B) |
| A. | LOCATION |  |
|  | (See Table C, List of Metropolitan Counties by SMSA Definition) |
|  |  | BLS METRO | = | $12,815 |
|  |  | BLS NON-METRO | = | $11,604 |
| B. | STANDARD BUDGET |  |
|  | BLS EQUIVALENCE | BLS STANDARD | FAMILY STANDARD |
|  | FACTOR | BUDGET | BUDGET |
|  | $ | X | $ | = | $ |  |
|  |  | (metro or non-metro) |
| C. | PARTICIPATION DETERMINATION |
|  | ADJUSTED GROSS | FAMILY STANDARD |
|  | INCOME | BUDGET |
|  | $ |  -  | $ | = | $ | X | .333 | = | $ |
|  |  |  |
| D. | ADJUSTED GROSS INCOME |  |
|  | $ | X | .125 | = | $ |  |
|  |  |  | LESSER OF C or D | = | $ |
| E. | ADJUSTED GROSS INCOME | = | $ |  |
|  | FAMILY STANDARD BUDGET | = | $ |  |
|  | (B. above) |  |
|  |  |  |
| F. | FEDERAL INCOME TAX | STATE INCOME TAX | TOTAL TAX |
|  | $ | + | $ | = | $ |  |
|  | TOTAL TAX |  | BLS STANDARD TAX |  |  |
|  | $ | - | $ | = | $ |  |
|  |  | (metro $1,435) |  |  |
|  |  | (non-metro $1,260) |  |  |
|  |  |  |
| G. | SPECIAL CARE FOR CHILDREN | $ |  |
|  |  |  |
| H. | SCHOOL TUITION | $ |  |
|  |  |  |
| I. | FAMILY SUPPORT PAID | $ |  |
|  |  |  |
| J. | OTHER PAYMENTS |  |
|  | 1. | Transportation to and from dialysis | $ |
|  | 2. | Employment Expense (dues, uniforms, small tools) | $ |
|  | SOCIAL SECURITY | BSL STANDARDS |
|  | $ | - | $ | = | $ |  |
|  |  | (metro $702) |
|  |  | (non-metro $676) |
|  |  |  |
| K. | MEDICAL EXPENSES | BLS STANDARD | MEDICAL EXPENSES |
|  |  |  | ALLOWED |
|  | $ | - | $ | = | $ |  |
|  | (includes medical | (metro $876) |
|  | insurance premiums) | (non-metro $671) |
|  |  |  |
|  | MEDICAL EXPENSES | TOTAL EXPENSES | INCOME IN EXCESS |
|  | ALLOWED |  |
|  | $ | - | $ | = | $ |  |
|  |  | (E through K totaled, less |  |
|  |  | adjusted gross income) |
|  |  |  |
| L. | INCOME IN EXCESS |  |
| $ | X .333 | = | $ |
|  |  |  |
| M. | ENTER SMALLEST AMOUNT OF C or D or L | $ |

(Source: Added at 26 Ill. Reg. 4825, effective March 15, 2002)