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

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| 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= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | (metro or non-metro) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | | PARTICIPATION DETERMINATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ADJUSTED GROSS | | | | | | | | | | | | | | | | | | FAMILY STANDARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | INCOME | | | | | | | | | | | | | | | | | | BUDGET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D. | | ADJUSTED GROSS INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E. | | ADJUSTED GROSS INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = | | $ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | FAMILY STANDARD BUDGET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | = | | | $ | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (B. above) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| F. | | FEDERAL INCOME TAX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | STATE INCOME TAX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TOTAL TAX | | | | | | | | | | | | | | | | | | | |
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|  | | TOTAL TAX | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | BLS STANDARD TAX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (metro $1,435) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (non-metro $1,260) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
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| G. | | SPECIAL CARE FOR CHILDREN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| H. | | SCHOOL TUITION | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. | | FAMILY SUPPORT PAID | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| J. | | OTHER PAYMENTS | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 1. | | | | Transportation to and from dialysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 2. | | | | Employment Expense (dues, uniforms, small tools) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | SOCIAL SECURITY | | | | | | | | | | | | | | | | | | | BSL STANDARDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | | | | | | | | | | | (metro $702) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | (non-metro $676) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| K. | | | MEDICAL EXPENSES | | | | | | | | | | | | | | | | | | | | | BLS STANDARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MEDICAL EXPENSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ALLOWED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | $ | | | | | | | | | | | - | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | = | | | $ | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | (includes medical | | | | | | | | | | | | | | | | | | | | | (metro $876) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | insurance premiums) | | | | | | | | | | | | | | | | | | | | | (non-metro $671) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | MEDICAL EXPENSES | | | | | | | | | | | | | | | | | | | | | TOTAL EXPENSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | INCOME IN EXCESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | ALLOWED | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| L. | | | INCOME IN EXCESS | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| M. | | | | ENTER SMALLEST AMOUNT OF C or D or L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |

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