

Georgia Department of Human Services
Patient Liability Budget Sheet

AU Name: _____

AU Number: _____

Date: _____

Section A – Diversion of Income to Dependents	Month _____	Month _____	Month _____
1. Enter Diversion Standard (FBR, SON, CSMNS, DFMNS).			
2. Subtract Spouse/Dependent’s ADJUSTED GROSS Income, including ISM, after allowing Mandatory Deductions.			
3. TOTAL DIVERTED INCOME (Line 1 minus Line 2)			
Section B – Incurred Medical Expenses (IMEs)			
1. Enter Insurance Premium			
2. Enter Other IMEs			
3. Enter Other IMEs			
4. TOTAL IMEs (Total of Lines 1 through 3)			
Section C – Patient Liability Budget			
1. Enter recipient’s SSI Income (month of admission only)			
2. Enter recipient’s ADJUSTED GROSS Unearned and Earned Income after allowing mandatory deductions.			
3. Subtotal (Line 1 plus Line 2)			
4. Subtract Medicare Premium if applicable (through month after month of Medicaid approval)			
5. Subtotal (Line 3 minus Line 4)			
6. Subtract Protected income (All, ½, 0). (Admission/Discharge Date _____)			
7. Subtotal (Line 5 minus Line 6)			
8. Subtract Personal Needs Allowance.			
9. Subtotal (Line 7 minus Line 8)			
10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
12. Subtract IMEs (from Line B.4 or Averaged IMEs)			
13. Patient Liability (Line 13 minus Line 14)			