

Financial Management, Inc.
RESIDENT DISCHARGE FORM

Res. No.	Resident Name	Adm. Date	Disch. Date	Final Months/Days

Balance due on last day of month PRIOR to month of _____ \$ _____ Place a check mark if either apply: _____

ADD: Charges during month of discharge (Final Month Days x Daily Rate) \$ _____ Refund: _____ Deceased: _____

Extra Charges during month of discharge \$ _____ Refund Amount: _____

Other \$ _____ Also indicate the name and address of the person to whom the refund should be sent:

Name: _____

DEDUCT: Payments during month of discharge \$ _____ Address: _____

Hospital credit during month of discharge \$ _____

Other \$ _____

Balance on day of discharge \$ _____ Signature: _____