FOR THE CARE PROVIDER

SAMPLE | FICTIONAL HOUSEHOLD

Medicaid Financial & Payment Summary

APPLICANT	PROGRAM AND SETTING	REPORT DATE	FIGURES
Arturo Delgado	**PACE, at home**	**November 4, 2026**	**Florida, July-December 2026**

ESTIMATED MONTHLY PATIENT RESPONSIBILITY

$0.00

Nothing is owed toward care by these figures. DCF's notice sets the actual amount.

Payment arrangements

QIT required	Yes
Recommended monthly QIT deposit The minimum to keep coverage is $218.	$250.00
Patient responsibility paid from the QIT	$0.00

About this figure

The estimated patient responsibility once Medicaid eligibility is approved. It is not a private-pay rate: charges before eligibility, or while an application is pending, are separate and not shown. This analysis does not determine an eligibility date or the status of an application.

Payment issues requiring attention

The allowance to the spouse at home is limited by the applicant's income.

Next steps

1. The trustee sets up an automatic monthly transfer of **$250.00** from the resident's checking account to the QIT, between the 10th and the 15th of each month.
2. When DCF issues its notice, compare its patient responsibility with this estimate and contact us about any difference.

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