Healthways/Regional Medical Center at Lubec, Inc.
Registration Questionnaire

RMCL is a Federally Qualified Health Center, partially funded by the Federal Bureau of Primary Health Care. As a requirement for funding, we are responsible for collecting the following data on ALL of our patients:
Disclaimer – No patient-specific information is reported. Only Group totals are reported to required agencies.

Race (Circle all that apply):

White Black/African American Asian Native American Other Pacific Islander Other:_____

Circle all that apply:

Veteran Migrant Worker Primary Language English Ethnicity: Hispanic/Latino

Have you ever been homeless at any point during the calendar year? Y / N
If yes, please **circle one** of the following living arrangements:

Homeless Shelter Street Transitional Doubling-up

Which Gender do you identify (Circle one):
Male Female Other:_____ Transgender M to F Transgender F to M Choose not to disclose

Sexual Orientation (Circle one):
Straight Lesbian / Gay Bi-Sexual Other:_____ Don't Know Choose not to disclose

Medicare Questionnaire – This section is intended for prescreening purposes only.

1. Are you receiving Black Lung Benefits? **Y / N**
2. Are services to be paid by a government program (i.e., research grant)? **Y / N**
3. Has the Department of Veteran's Affairs authorized care at this facility? **Y / N**
4. Is your illness/injury due to a work-related accident or condition? **Y / N**
5. Is your illness/injury due to a non-work related accident or condition? **Y / N**
6. Do you receive group medical coverage based on you or your spouse's employment? **Y / N**
   (**Note:** This does not include retirement benefits that are secondary to Medicare)
7. Are you entitled to Medicare based on (**Circle one**): Age Disability End Stage Renal Disease (ESRD)

Estimated yearly income by household size (circle household size and income category):

Household Size	Category A	Category B	Category C	Category D	Category E
1 Person →	$0.00 - $14,580	$14,581 - $18,225	$18,226 - $21,870	$21,871 - $29,160	$29,161 or more
2 People →	$0.00 - $19,720	$19,721 - $24,650	$24,651 - $29,580	$29,581 - $39,440	$39,441 or more
3 People →	$0.00 - $24,860	$24,861 - $31,075	$31,076 - $37,290	$37,291 - $49,720	$49,721 or more
4 People →	$0.00 - $30,000	$30,001 - $37,500	$37,501 - $45,000	$45,001 - $60,000	$60,001 or more
5 People →	$0.00 - $35,140	$35,141 - $43,925	$43,926 - $52,710	$52,711 - $70,280	$70,281 or more
6 People →	$0.00 - $40,280	$40,281 - $50,350	$50,351 - $60,420	$60,421 - $80,560	$80,561 or more
7 People →	$0.00 - $45,420	$45,421 - $56,775	$56,776 - $68,130	$68,131 - $90,840	$90,841 or more
8 People →	$0.00 - $50,560	$50,561 - $63,200	$63,201 - $75,840	$75,841-$101,120	$101,121 or more
Add per additional member	$5,410	$6,763	$8,115	$10,820	N/A

I verify that the information listed above is correct to the best of my knowledge.

Name: _____ Date: _____

( ) Patient ( ) Parent ( ) Guardian

Revision 02/13/2023