

Financial Assistance Application

You may apply for financial assistance for you and your family if you do not have health insurance, or are concerned that you may be unable to pay for all or part of your health care services. We will work with you to see if you qualify for other health insurance programs, or our Financial Assistance Program. If you qualify for financial assistance, some or all of your balances may be reduced for medically necessary services. McCone County Health Center (MCHC) will determine if a service is medically necessary based on the Financial Assistance Policy, available at www.mcconehealth.org or by calling 406-485-3381.

Required information: Copies of the latest Federal Income Tax returns and other documentation to be used to identify an applicant's income; and the last three months of payroll wage stubs OR your current profit and loss statement for self-employed applicants.

Financial Statement

Date: _____

Name: _____ SSN#: _____ Birthdate: _____

Spouse's Name: _____ SSN#: _____ Birthdate: _____

Home Phone: _____ Alternative Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Your Employer: _____ Phone: _____

Employer Address: _____

Spouse's Employer: _____ Phone: _____

Gross Monthly Income: _____ (patient)

Gross Monthly Income: _____ (spouse)

Other Income: _____

Without the above listed items, your application could be denied as incomplete.

Please return this signed application and the above listed items within 30 days. We will notify you in writing of our decision within 30 days of receiving a complete application. You have the right to appeal our determination. As a nonprofit organization, MCHC is deeply committed to providing medically necessary healthcare to all, regardless of financial ability to pay. MCHC has a variety of payment options available, including our financial assistance program.

Patient Notification: All reasonable efforts will be made to notify a patient regarding the availability of Financial Assistance under this policy by:

1. Attempting to determine whether a patient has third-party coverage for any part of the emergency or Medically Necessary Health Care service provided.
 - a. If a patient does not have third-party coverage, a patient advocate will screen all inpatient cases and any outpatient cases exceeding \$1,000 in total charges to determine if the patient qualifies for third-party funding.
 - b. If a patient does not have or qualify for third-party funding the patient advocate will explain the Financial Assistance Policy, provide an Application for Financial Assistance, and provide assistance with completing the Application, if desired.

To be considered for financial assistance, you must supply the following:

- Completed and signed application form.
- Federal Income Tax Return from the last year and other documentation to verify income** – If you do not have a copy you may request one from the local **IRS Office** by calling them at 800-829-1040.
- Income Verification – Copies of earning statements for the applicant and his or her spouse for the LAST 3 MONTHS (pay stubs).** Other items for verification include Social Security Retirement Benefit Letter, Unemployment Letter, Disability Determination Letter, Child Support Letter, or Federal Student Aid Letter.

**McCone County Health Center
605 Sullivan Avenue
Circle, Montana 59215**

PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY

McCone County Health Center is committed to providing access to emergency and medically necessary healthcare services to patients who are uninsured or have limited insurance available. No one will be denied access to emergency and medically necessary healthcare services based on an ability to pay.

Financial assistance is free care for those who have no means or limited means to pay for their medical services, based on the patient's family/household income. To be eligible for free care, patients must have family/household incomes at or below 200% of the Federal Poverty Guidelines.

Financial assistance may also be available in other limited circumstances, depending in the size of the patient's medical bills and whether the patient meets certain other criteria for eligibility.

Patients may apply for financial assistance by completing a Financial Assistance Application (which includes the form and supporting documentation).

Patients may receive free copies of the Financial Assistance Application, as well as McCone County Health Center's Financial Assistance Policy:

1. Call (406)485-3381 to request a copy be mailed;
2. Website at www.mcconehealth.org; or
3. In person at the McCone County Health Center Critical Access Hospital (CAH) Business Office, McCone Clinic or Emergency Room located at 605 Sullivan Avenue in Circle, MT

The Financial Assistance Application and the Financial Assistance Policy, as well as this Plain Language Summary, are available in English.

Completed Financial Assistance Applications should be submitted to:

McCone County Health Center
Attention: Office Manager
PO Box 48
Circle, MT 59215

Applications may be delivered in person to the CAH Business Office located at 605 Sullivan Avenue in Circle, MT.

Persons seeking more information or needing assistance in completing the Financial Assistance Application may contact Billing Clerk Bridget Loudon or Office Manager Jacque Gardner in person at the CAH Business Office, by phone at (406)485-3381 or by email as shown below:

Bridget Loudon at bloudon@mcconehealth.org

A patient qualifying for financial assistance under McCone County Health Center's Financial Assistance Policy with respect to emergency or medically necessary healthcare services will not be charged more than the amounts generally billed by McCone County Health Center for the same services to patients who have insurance covering such care.