

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.

