



<b>Patient Financial Assistance Program</b>		
<b>Effective Date:</b> 2/1/2022	<b>Original Date:</b> 1/26/2018	<b>Approval Date:</b> 2/1/2022
<b>Number:</b> O-179		
<b>Facility (Scope):</b> Organization-wide		
<b>Type:</b> General 2 year review		<b>Owner:</b> Mary Parker
<b>Replaces:</b> NA		
<b>Other required review/approval(s) (name, title, date):</b> Ian Peterson, CEO		
<b>Regulatory or Accreditation Agency:</b> CMS 68 FR 47311		

**POLICY STATEMENT:**

This program is designated to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (insured or uninsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full to meet CMS guidelines. The Patient Account Representative’s role is that of patient advocate to find reasonable payment alternatives. Pioneer Medical Center (PMC) makes an administrative determination that financial assistance is appropriate based on the patient’s ability to pay utilizing the Federal Poverty Income Guideline that includes family income, size; and/or based on criteria demonstrating presumptive eligibility and the size of the patient’s medical bills.

**DEFINITIONS:**

- A. Assets: Property of economic value such as but not limited to, cash on hand, checking and savings accounts, certificates of deposit, vehicles, mineral rights, stocks, mutual funds, CDs, retirement funds and any other investments; provided.
- B. Extraordinary Collection Action (ECA): Any action against the patient related to obtaining payment of a patient balance, where such action requires a legal or judicial process. By way of example, ECAs include most types of liens, foreclosure on real estate, attachment or seizure of bank accounts or personal property, commencing a civil action, causing arrest or a writ of body attachment, or garnishment of wages or other income. The term ECA also includes the reporting of a patient debt to a credit bureau or agency. However, ECAs do not include liens asserted by the Hospital on the proceeds of a personal injury judgment, settlement or compromise, nor the filing of a claim in a bankruptcy proceeding.
- C. Family Income: Income is the total annual cash receipts before taxes from all sources which includes, but is not limited to, gross wages and salaries before deductions, net receipts from nonfarm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran’s payments, public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, college or university scholarships, grants, fellowships, dividends, interest, net rental income, net gambling or lottery winnings, assistance from outside the household and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count as income.

- D. Federal Poverty Guidelines (FPG): The most recent published federal income poverty guidelines for a household, which is revised and attached to this policy when they are published by the U.S. government.
- E. Financial Assistance: Full or partial discounts for emergency and medically necessary care for patients determined eligible under this policy.
- F. Legal Guardian: A recognized legal surrogate for the patient regarding medical and financial decisions, who would be authorized under Montana law to receive confidential health care information on the patient. This includes parents who are legally responsible for their minor children, close family members who are recognized by the patient or Montana law as having the legal ability to act on the patient's behalf regarding medical and/or financial decisions, or a legal guardian under Montana law.
- G. Medically Necessary: Any inpatient or outpatient, including pharmaceuticals or supplies covered under Medicare. Medically necessary services do not include: any anesthesia services, elective cosmetic surgeries (for these purposes, cosmetic plastic surgery procedures designed to correct appearance for personal reasons are not considered "elective"); gastric bypass surgeries; tubal ligations and/or vasectomies and In Vitro Fertilization (IVF) services.
- H. Presumptively Eligible: A completed Financial Assistance Application has not been submitted, but is eligible for financial assistance due to one or more of the following criteria:

  - a. Homeless, including attestation from the patient that he or she is homeless
  - b. Deceased with no estate
  - c. Mentally incapacitated with no one to act on his or her behalf
  - d. Any patient who qualifies for Medicaid may be eligible for Financial Assistance; this includes out of state Medicaid patients.
  - e. Enrolled in one or more public assistance programs for low-income individuals having proof of eligibility in one program.
  - f. Incarceration in a penal institution.
  - g. Third party presumptive financial assistance scoring
- I. Responsible Party: The patient or any individual legally obligated to pay for the patient's debts for medical care, excluding third party payers.
- J. Third Party Payer: Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan, or government payer, with a legally enforceable obligation to pay for services billed to patient by PMC, or billing agent. (Responsible parties, as defined herein, are not considered third party payers.)
- K. Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- L. Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

**PROCEDURE:**

1. **Notification:** Pioneer Medical Center will notify patients of the Financial Assistance Program by:
  - a. The Financial Assistance Policy will be displayed in waiting areas and will be available to all persons upon request.
  - b. An explanation of our Financial Assistance Program and our application will be available on the Pioneer Medical Center website.
  - c. Notification of the Financial Assistance Program will be offered to all patients upon admission to the acute care setting or observation services in the Critical Access Hospital.



2. All patients seeking services that qualify for the Financial Assistance Program are assured that they will be served regardless of ability to pay. **No one seeking services that qualify for the Financial Assistance Program is refused service because of lack of financial means to pay.**
3. **Request for discount:**
  - a. Referral of patients may be made by any member of PMC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
  - b. The Financial Assistance program will only be made available for medically necessary clinic visits, acute inpatient and hospital outpatient services.
  - c. Elective procedures and medically unnecessary services, cosmetic, or other care deemed to be generally non-reimbursable by traditional insurance carriers and government payers, are not considered eligible for financial assistance. Services rendered for long term care, adult day care, assisted living are not eligible. Information and application forms can be obtained from Patient Financial Services.
  - d. Services NOT eligible for financial support include the following:
    - i. Other care providers not billed through PMC (i.e. independent physician services, private-duty nursing, ambulance transport, transportation, pharmacy, hotel accommodations. Patients are responsible for contacting the service provider directly to inquire about potential financial assistance and available payment options.)
    - ii. Services performed with Out of Network coverage whereby the patient knowingly elects to pursue services regardless of non-coverage benefits or penalty.
4. **Administration:** The Financial Assistance Program procedure will be administered by the PMC, or billing agent. Information about the Financial Assistance Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs. This includes, but is not limited to:
  - a. Group or individual medical insurance plans
  - b. Employee benefit plans
  - c. Workers Compensation plans
  - d. Medicaid, state or county medical programs
  - e. Other state, federal or medical programs
  - f. Third party adjudged to be legally liable for a patient's medical expenses (i.e., auto accidents or personal injury claims)

- g. Any other persons or entities that have a legal responsibility to pay for the medical services
- h. Crime victims eligible for financial assistance
- i. Medical care cost covered by government programs of other countries

## **6. Billing and Collection Process**

Anytime during the billing and collection process, patients may apply for financial assistance to become eligible. Patients will first be offered a 12-month interest free payment arrangement or an extended payment arrangement through the PMC loan program. This can occur anytime during the cycle of the billing and collections process.

- a. Accounts with Self Pay Balances will have a minimum of 120 days in the collection process.
- b. During that time, numerous collection attempts are made with multiple contact attempts made by a series of letters (120 Day Accounts receive up to 3 letters and possibly more dependent on status of their account); and a minimum of 3 telephone calls or more depending on status of the account.
- c. PMC communications include information about the Financial Assistance Program, a number to call, a webpage address for an application, and a plain-language summary of the Financial Assistance Policy (FAP) and the actual Financial Assistance Policy.

## **7. Completion of the application:**

- a. Patient inquiring about financial assistance is asked to complete the Financial Assistance Application with all necessary documentation as explained in application instructions on Financial Assistance Application. In unique situations where all of the documentation may not be available, a special review of the information provided may be completed and documentation may be accepted.
- b. The application process may be waived if PMC, or billing agent, elects to utilize other software programs, third-party financial assistance scoring system.
- c. Financial Assistance Applications are considered if received at any time during the 240-day period following the first post-discharge billing statement issued by PMC to the patient for such care.
- d. Third party presumptive financial assistance scoring occurs automatically and does apply any automatic discount awarded to the date of service scored.
- e. Once a completed Financial Assistance Application is received, PMC or billing agent, Financial Services Counselors, review the application. Patients who are determined to be Presumptively Eligible may be processed for financial assistance without need for completion of the Financial Assistance Application or other additional information from the patient.
- f. The Responsible Party is given twenty (20) business days from receipt of an application to complete and return the Financial Assistance application. Special circumstances may

warrant an extension of the twenty (20) business days allocated to complete the financial assistance application.

- g. PMC, or billing agent, will request information as listed on the application although PMC, or billing agent, may request additional information and patients may voluntarily provide additional information that they believe to be pertinent to eligibility. When PMC, or billing agent, contacts the patient to request missing information, the patient is given 15 calendar days to respond. This is also the case when appealing a final determination. Failure to respond will result in the application being suspended from further processing; the patient may re-activate the application by providing the requested information at any time during the 240-day period following the first post-discharge statement issued by PMC, or billing agent, to the patient for such care.
- h. Where and when possible, a Financial Counselor or designated staff conducts an interview with the patient, the guarantor, and/or his other legal representative prior to the admission or rendering of service. If an interview is not possible prior to the admission or rendering of service, the interview is conducted upon admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives take place after medical care is provided
- i. Upon the first patient interview via telephone or in person, the Patient Financial Services Counselor gathers or shares the need for information regarding all existing third-party coverage. In situations where a patient has limited or no third-party coverage, the Financial Counselor certified as an Application Counselor in the Marketplace will determine if the patient qualifies for medical assistance from other existing financial resources such as Medicaid, crime victim's compensation funds, Montana Marketplace, or other state and federal programs. The Financial Services Counselor or designated vendor staff assists patients with eligibility for available programs. If the requested information is not provided or patient refuses, he or she is ineligible for financial assistance pursuant to this policy. If the financial assistance application is denied, or not adequate, patient is notified, and information is retained for submission if additional information is submitted. In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Financial Services Counselor informs the patient of the availability of financial assistance. However, in cases where third-party coverage is denied because the patient failed to comply with the insurer's stated pre-certification requirements and or coordination of benefit requirements, the patient will be ineligible for financial assistance pursuant to this policy.

## **8. Eligibility**

- a. Family is a group of two people or more residing together Per Internal Revenue Service's rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
- b. Minor Children/Divorced Parents – for the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents

are required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children are used to make the determination.

- e. Income is as defined by the Internal Revenue Service.

## **9. Eligibility Criteria**

- a. To the extent that charges for medically necessary services provided by PMC are not paid for by a Third-Party Payer, a 100% financial assistance reduction may be provided to cover PMC's charges for patients who satisfy the following conditions:
  - i. The net available assets of the Responsible Parties are no greater than two times the Federal Income Poverty Guidelines as adjusted for household size, and
  - ii. The gross income of the Responsible Parties is up to 200% of the Federal Income Poverty Guidelines as adjusted for household size.
- b. Partial financial assistance may be provided if the following conditions are met:
  - i. If net available assets of the Responsible Parties are no greater than three times the Federal Income Poverty Guidelines as adjusted for household size and
  - ii. The gross income of the Responsible Parties is between 200% and 400% of the Federal Income Poverty Guidelines as adjusted for household size.
- c. Partial assistance is determined as a percentage of the amount owed to PMC, based upon where the application falls on the Federal Income Poverty Guidelines.
- d. PMC, or billing agent, considers the following circumstances and other similar circumstances in evaluating applicants who do not otherwise qualify for financial assistance under this policy.
- e. Catastrophic medical debt is defined as medical debt which is more than 25% of the annual income of the patient's family. PMC debt in excess of the 25% is adjusted off to financial assistance.
- f. For both Uninsured patients and Underinsured patients, the time frame calculation for the annual income cap is based on the 12-month calendar year (January – December).
- g. For Underinsured patients, Furthermore, other circumstances may compellingly show that full payment of outstanding medical expenses could cause serious social and financial hardship to the patient or the household. These circumstances may warrant that an exceptional financial assistance reduction be considered.
- h. Persons requesting financial assistance, authorize PMC, or billing agent, to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying information PMC, or billing agent, requires in order to determine eligibility for financial assistance.
- i. Income is annualized, when appropriate, based upon documentation provided.
- j. PMC, or billing agent, may request additional documentation and/or information, which, in the exercise of reasonable discretion, PMC, or billing agent, determines is, needed to verify eligibility for financial assistance and to complete the processing of the application

10. Asset Exclusions: PMC, or billing agent, may exclude the following assets for the net available household asset computation without affecting eligibility for the Financial Assistance Program:
  - a. A home that is the primary residence (home values up to the current median home value shall be exempt)
  - b. Personal property for use in the home
  - c. Vehicle(s) up to a combined value \$15,000 with value based on the current blue book appraisal amount (excludes motor homes)
  - d. Liquid assets including cash, savings, stocks, bonds etc. up to \$1,000 for one person, \$2,000 for two people; and \$500 for each additional person in the household
  - e. Other assets directly related to the earnings and livelihood of the household may be exempt if deemed necessary and reasonable to the continued ability to earn a livelihood
  
11. Liability Limitations: PMC, or billing agent, may exclude the following liabilities from the net available household asset computation:
  - a. Credit card debt of up to \$1,500 unless documented for medical expenses
  - b. Any portion of the home or vehicle used as asset exclusions are exempted as a liability up to the outstanding amount due or the maximum asset limitation amount
  
12. Pioneer Medical Center does not bill most out-of-state Medicaid. Once a patient's eligibility for out-of-state Medicaid has been verified, the patient balance will be written off as Charity Care. PMC is working on getting credentialed with surround state Medicaid offices, and will submit claims to these states as application are approved.
  
13. Pioneer Medical Center, or billing agent, will base program eligibility on a person's ability to pay and will not discriminate according to the current State and Federal laws, including but not limited to: discrimination on the basis of age, gender, gender identity, race, color, sexual orientation, creed, religion, disability, or national origin, marital status, genetic information.
  
14. **Income verification:** Adequate information must be made available to determine eligibility for the program. Self-declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. If a patient provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full. Applicants must provide the following:
  - a. Prior year tax returns
  - b. Payroll check stubs or other documentation of monthly income sources reflecting income of all responsible parties for the three most recent months.
  - c. Self-employed individuals will be required to submit detail of the most recent three months and year to date of income and expenses for the business.
  - d. Written verification from public assistance agencies, such as Medicaid or State medical, reflecting denials for eligibility, as appropriate.

- e. Written verification of denial for unemployment or worker's compensation benefits (upon request) and as appropriate.

**15. Discounts:** Those with incomes at or below 200% of current Federal Poverty Guidelines may receive a full 100% ~~discount~~ adjustment patient owed portion of the billed charges (full write-off). Those with incomes above 200% of poverty, but at or below 400% of current Federal Poverty Guidelines, will be charged according to the attached sliding fee schedule for discounts for the patient owed portion of the billed charges. The sliding fee schedule will be updated annually in conjunction with changes in the Federal Poverty guidelines, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

**16. Presumptive Financial Assistance Eligibility.**

There are instances when a patient may appear eligible for financial assistance discounts, but there is not a financial assistance form on file due to lack of supporting documentation. If adequate information is provided by a patient or Responsible Party or through other sources that could provide sufficient evidence to provide the patient with financial assistance, PMC, or billing agent, may rely on information provided by outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off from the account balance. Presumptive eligibility may be determined based on the qualification for one or more of the following:

- a. State-funded low-income prescription programs
- b. Patient is deceased with no known estate
- c. Homeless, or receiving care from a homeless clinic
- d. Supplemental Nutrition Assistance Program (SNAP), also called Food Stamps
- e. Women, Infants and Children programs (WIC)
- f. Subsidized/low income housing assistance
- g. Low Income Energy Assistance Program (LIEAP);
- h. To demonstrate presumptive eligibility, the patient or Responsible Party will provide proof of eligibility with a current copy of confirmation (such as a letter of approval or other evidence of current coverage or participation in the program).

**17. Applicant notification**

- a. The Financial Assistance Program determination will be provided to the applicant in writing and will include the percentage of the write off or the reason for denial within forty-five (45) calendar days of PMC or billing agent's receipt of a completed application. If the application is approved for less than a 100% discount or is denied, the applicant must immediately establish payment arrangements with the PMC.
- b. Denials are written and include instructions for appeal or reconsideration. PMC, or billing agent, may pursue collection actions against patients found ineligible for financial assistance, patients who received discounted care or medical hardship





discounts but are no longer cooperating in good faith to pay the remaining balance, or patients who have established payment plans but are not in accordance with the payment plan. All collection practices follow the Fair Debt Collection Practice Act.

### **18. Appeals**

- a. The patient and/or Responsible Party may appeal a denial of eligibility for financial assistance by providing additional information to the Patient Accounts Department within 14 calendar days of receipt of notification of denial. Appeals are reviewed by the Patient Accounts Manager or designated counselor staff for a final determination. If the final determination affirms the previous denial of financial assistance, written notification is sent to patient, legal guardian, and/or responsible party.
- b. If an appeal is filed within 12 calendar days of final determination, any collection efforts are suspended pending the outcome of the appeals process.

### **19. Extraordinary Collection Actions (ACA)**

Accounts assigned for Extraordinary Collection Actions (ACA) or attorney are not eligible for financial assistance if the Financial Assistance Application is not received within 240-day period following the first post-discharge billing statement date. However, in unusual situations where a patient's circumstances have changed after an account is assigned for Extraordinary Collection Actions (ACA) or attorney, PMC, or billing agent, will consider exceptions to this provision of this policy. The PMC or billing agent, Patient Accounts Supervisor, Patient Accounts Manager, Patient Financial Services Billing Director, Patient Financial Services Director, and Chief Financial Officer have the authority to grant exceptions.

### **20. Record keeping:**

Confidentiality of information is maintained for all who seek and/or receive assistance, as required by PMC, or billing agent, policy and federal and state law. Copies of the supporting documents are kept with the application form.

**21. Policy and Procedure review:** Annually the amount of the Financial Assistance Program provided will be reviewed by the CEO and/or CFO. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

### **22. Policy Administration**

- a. This policy is supervised by the Director of Patient Financial Services who is responsible for administering the program, assuring that determination for financial assistance meets the requirements of this policy, and notifying the patient and/or responsible party of the final determination. The billing agent's Director of Billing Operations approves applications for \$7,500-\$15,000. Applications over \$15,000 require the approval of the billing agent's Director of Patient Financial Services. In implementing this Policy, PMC, or billing agent, management and facilities comply



with all other federal, state and local laws, rules and regulations that apply to activities conducted pursuant to this Policy.

- b. Additional information about the PMC Financial Assistance Program, the application form, or information about our billing and collections policy: Patient Financial Services – Admitting, Registration, Patient Representative and Business Office Guidelines, Policy #: O-179, available at <https://pmcmt.org/patients/patient-financial-services>. or by request to Patient Financial Services at (406) 238-2250 or 1-800-332-7156, ext. 2250.
- c. Patients completing the Financial Assistance Application must return the signed form and required supporting materials through any of the following measures:

Hand-deliver or Mail to Patient Financial Services Office located at

1. 2800 10th Ave North, Billings, MT 59101; or
2. Pioneer Medical Center, 301 W 7th Ave, Big Timber, MT 59011

**REFERENCES:**

1. *Federal Poverty Guidelines 2022* <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines> Accessed 1/31/2022
2. *CMS State Operations Manual: Regulations and Guidance* [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_w\\_cah.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf) accessed 1/31/2022

**Attachments:**

- A. *Application for Financial Assistance*

**KEY WORDS AND KEY PHRASES:** Financial Assistance Sliding Fee

**DISCLAIMER:**

**“In order to retain necessary flexibility in the administration of policies and procedures, Pioneer Medical Center reserves the right to revise, supplement, or rescind any policies or procedures at its discretion. Moreover, Pioneer Medical Center may take reasonable action as necessary to clarify existing policies or to respond to issues not addressed by any written policy or procedure.”**

**4a. Financial Assistance Application Check List**  
*(For those filling out entire form)*

Please be sure that you have answered all the questions on the application and included copies of required documents.

- Did you and your spouse sign and date the application?
- Did you enclose your most recent tax returns (federal and state), all pages and schedules, including W-2s?
- If you did not enclose a copy of your tax returns, why? \_\_\_\_\_
- Did you enclose copies of your earnings statements for the last 3 months?
- Did you enclose copies of all award letters for unemployment, financial aid for college, or general assistance?
- Did you enclose a copy of your Social Security check or copy of award letter?
- Did you enclose a copy of each of your last three bank statements?
- Did you enclose a copy of each of your last three pension/investment account statements (savings, CDs, stocks, etc.)?
- Did you write a letter explaining your need for financial assistance?

**4b. Release of Information Authorization for Financial Assistance**  
*(For ALL Applicants)*

I certify that the information I provided is true and correct to the best of my knowledge. I will cooperate to obtain assistance and pay Pioneer Medical Center (PMC) any money I receive.

I will provide PMC, or billing agent, with information about any other means to pay this bill such as Medicaid, Crime Victims Fund, automobile, or home insurance policies, etc. I will cooperate with PMC, or billing agent, to apply and obtain assistance from any government agency that I am qualified to receive assistance from and will pay PMC any money I receive relating to these medical services.

I authorize PMC, or billing agent, to contact employers, financial institutions, state, and federal agencies, and other third parties to verify the information I have provided or to obtain additional information regarding my finances. I authorize any such entities to provide information to PMC, or billing agent, about my current assets, liabilities, credit, and other information as reasonably requested.

I release Billings Clinic and its representatives from any and all liability connected with this release of information.

Please check the name of the facilities where you have an outstanding balance to be considered with this application:

- Pioneer Medical Center, or billing agent

\_\_\_\_\_  
 Signature of Applicant (Patient, Parent or Guardian)                      Date

\_\_\_\_\_  
 Signature of Spouse                      Date

**Mailing Address:**  
 Billings Clinic  
 Attn: PFS Financial Assistance  
 PO Box 35100  
 Billings, MT 59107

REV 4/22

4. Questions? Call Patient Financial Representatives: (406)238-2601 or toll free 1(800)332-7156, ext. 2601.



**Financial Assistance Application**

Clinic Account # \_\_\_\_\_

Hospital Account # \_\_\_\_\_

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, interest-free payment plan options, long-term loans, or our Financial Assistance Program. If you qualify for financial assistance, some or all of your balances may be reduced for medically-necessary services only. *PMC, or billing agent, will determine if a service is medically necessary based on the PMC Financial Assistance Policy, available at <https://pmcmt.org/patients/patient-financial-services> or by calling a Patient Financial Representative.*

**1a. Household Information**

**Applicant:** \_\_\_\_\_  
**Spouse:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Number and Street  
 \_\_\_\_\_  
City State Zip Code  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Occupation: (You)** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security No.:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_  
**Occupation: (Spouse)** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security No.:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_

**Other members living in the household:**  
 (Add more on another sheet of paper)

_____
<small>First and Last Name</small>
_____
<small>Relationship</small>
_____
<small>Date of Birth</small>
_____
<small>First and Last Name</small>
_____
<small>Relationship</small>
_____
<small>Date of Birth</small>
_____
<small>First and Last Name</small>
_____
<small>Relationship</small>
_____
<small>Date of Birth</small>
_____
<small>First and Last Name</small>
_____
<small>Relationship</small>
_____
<small>Date of Birth</small>

**Marital Status:**  Single  Married  Divorced  Widowed

**1b. Are you currently receiving benefits for any of the public assistance programs listed below? If so, you may automatically qualify for Financial Assistance. Please provide proof with a current copy of confirmation of eligibility for one program (such as a letter of approval or copy of monthly coverage). Check the box for the program(s) you participate in:**

- Supplemental Nutrition Assistance Program (SNAP), also called Food Stamps
- Women, Infants and Children programs (WIC)
- Subsidized/low income housing assistance
- Low Income Energy Assistance Program (LIEAP)
- State-funded low income prescription programs
- Homeless, or receiving care from homeless clinic



**If you checked a box, skip to page 4 and sign part b. If not, go to page 2.**

Questions? Call Patient Financial Representatives: (406)238-2601 or toll free 1(800)332-7156, ext. 2601.

Attachment 1: Application for Financial Assistance

If you are not currently receiving benefits for any of the public assistance programs listed on page 1b, please complete the remainder of this form.

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

- Completed and signed application form
- Copies of most recent year's tax returns (federal and state), all pages and schedules, including W-2s
- Copies of earnings statements for the applicant and his/her spouse for the last three (3) months (pay stubs, Social Security, unemployment, retirement, pensions, child support, federal student aid)
- One copy of each of your last three bank statements – all pages
- One copy of each of your last three pension/investment account statements (savings, CDs, stocks, etc.)
- Letter explaining your need for financial assistance

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

Please return this signed application and the above listed items within four (4) weeks. We will notify you in writing of our decision within 45 days of receiving a complete application. You have the right to appeal our determination.

Income - List all monthly gross income	Applicant	Spouse	Other	Total
Gross wages from paycheck				
Farm or self employed				
Social Security/SSI/SSDI				
Unemployment compensation				
Workers compensation				
Alimony				
Child support				
Pension/retirement				
Income from dividends, interest, rent				
Education grants/loans				
Inheritance				
Oil and mineral royalties/land lease				
Native American income				
Income tax refunds: <input type="checkbox"/> federal <input type="checkbox"/> state				
Settlement income <input type="checkbox"/> worker's comp. <input type="checkbox"/> bodily injury <input type="checkbox"/> lawsuit <input type="checkbox"/> other <input type="checkbox"/> motor vehicle accident				
Other income (please explain)				

Total

- If you are currently unemployed, when was your last day of work? \_\_\_\_\_
- Will you receive unemployment? Yes \_\_\_ No \_\_\_
- If you are temporarily out of work, do you expect to return to the same job? Yes \_\_\_ No \_\_\_  
If so, when \_\_\_\_\_

Questions? Call Patient Financial Representatives: (406)238-2601 or toll free 1(800)332-7156, ext. 2601.

Assets - Financial (Accounts I Own)	Current Balance	Financial Institution Holding Account
Checking account		
Savings account #1		
Savings account #2		
CDs/bonds		
Stock/mutual funds		
Retirement funds		
Other: (Please List)		

Total

Assets - Property (Property I Own)	Current Value of Property	Amount Owed on Property	Monthly Payment (if loan associated with property)
House			
Auto #1			
Auto #2			
Auto #3			
RV			
Boat			
Motorcycle/ATV			
Rental property			
Other: (Please List)			
Total	<input type="text"/> B1	<input type="text"/> B2	<input type="text"/> B3

Liabilities (Balances I Owe)	Current Balance of Loan	Monthly Payment
Bank or credit union loans		
Credit cards		
Department store cards		
Outstanding medical bills		
School loans		
Other: (Please List)		
Total	<input type="text"/> C1	<input type="text"/> C2

Monthly Expenses	Amount
Rent	
Groceries/household products	
Lights & heat	
Phone (cell & home)	
Water & sewer	
Gasoline	
Insurance (health, home, auto, life, renter's, etc.)	
Child care	
Child support	
Clothing	
Entertainment including TV, internet, movies, etc.	
Prescriptions	
Other: (Please List)	
Total	<input type="text"/> D

Questions? Call Patient Financial Representatives: (406)238-2601 or toll free 1(800)332-7156, ext. 2601.