

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. Bozeman Health will determine if a service is medically necessary based on the Bozeman Health Financial Assistance Policy, available at www.bozemanhealth.org or by calling a Patient Financial Representative.

Required information: Copies of the last three year's Federal Tax returns and other documentation to be used to identify an applicant's income and 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: _____

Net Monthly "take home" Income: _____ (patient)

Net Monthly "take home" 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, Bozeman Health is deeply committed to providing medically necessary healthcare to all, regardless of financial ability to pay. Bozeman Health 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 from the *Patient Matters / MASH* program 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 Returns from the last 3 years 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.



Financial Assistance Policy
Plain Language Summary

Bozeman Health is committed to providing access to emergency and medically necessary healthcare services to patients who are uninsured or have limited insurance available.

Generally speaking, to be eligible for discounted charges, patients must have family incomes under 250% of the Federal Poverty Guidelines. To be eligible for free care, patients must have family incomes at or below the Federal Poverty Guidelines.

Financial assistance also may be available in other limited circumstances, depending on 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. Copies of the Financial Assistance Application, as well as Bozeman Health's Financial Assistance Policy, are available at www.bozemanhealth.org.

Patients may also receive free copies of the Financial Assistance Application and the policies by mail, by calling 406-414-1015, or may obtain free copies in person at the Bozeman Health Emergency Department, at Bozeman Health Patient Registration areas or at the Bozeman Health Patient Financial Services (PFS) Customer Service Department, 1600 Ellis Street (across Highland Boulevard from the hospital in the Legacy Building).

The Financial Assistance Application and the Financial Assistance Policy (as well as this plain-language summary) are available in both English and Spanish.

Completed Financial Assistance Applications should be submitted to:

Bozeman Health
Attn: Patient Financial Services Customer Service
1600 Ellis Street
Bozeman, MT 59715

Applications may be delivered in person to the Patient Financial Services Customer Service, 1600 Ellis Street, Bozeman, MT 59715 (across Highland Boulevard from the hospital in the Legacy Building).

Persons seeking more information or needing assistance in completing the Financial Assistance Application may contact Bozeman Health at 406-414-1720.

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

Monthly Expenses

Housing Expenses: _____ Transportation: _____
Food: _____ Medical: _____
Utilities: _____ Other Miscellaneous: _____
Insurance: _____

Creditors

Name & Address	Total Balance	Monthly Payments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Other Assets and Value (stocks, land, trusts, etc.)

Bank Accounts

Institution: _____
Balance in Savings: _____ Balance in Checking: _____

Please complete all of the information and return to:

PFS Customer Service/Credit Dept.
Bozeman Health
1600 Ellis Street
Bozeman, MT 59715

I certify that the information I provided is true and correct to the best of my knowledge.

Date: _____

Signature: _____ Signature: _____

Providers at Bozeman Health Covered by Financial Assistance Policy

- **Deaconess Hospital Departments and Clinics**

- Audiology Clinic
- Cancer Center
- Cardiology Clinic
- Diabetes and Nutrition Center
- Ear, Nose, & Throat Clinic
- Endocrinology Clinic
- Family Medicine Clinic at Belgrade Clinic
- Family Medicine Clinic
- GI Clinic
- Home Oxygen
- Infectious Disease & Travel Medicine Clinic
- Internal Medicine Clinic
- Maternal-Fetal Medicine
- Nephrology Clinic
- Neuroscience Center
- Pediatric Clinic
- Pediatric Clinic at Belgrade Clinic
- Pulmonary Medicine Clinic
- Rheumatology Clinic
- (Sleep) Diagnostic Sleep Center
- Sleep Medicine Clinic
- Surgery Clinic
- Urology Clinic
- Women's Specialists Clinic
- Wound Clinic and Hyperbaric Medicine

- **Big Sky Medical Center Departments and Clinics**

- Family Medicine Clinic

- **Deaconess Hospital Emergency Services and Providers**

- **Deaconess Hospital Physical Therapy & Sports Medicine at the Ridge**

- **Deaconess Hospital Physical Therapy & Sports Medicine at Belgrade Clinic**

- **Deaconess Hospital Pediatric Therapy, Physical, Occupational, and Speech Therapy at Ellis Street**

- **Deaconess Hospital Same Day Surgery Center**

- **Deaconess Hospital Outpatient Services at North 19th**

- **Bozeman Health Urgent Care**

- **Bozeman Health Belgrade Clinic and Urgent Care**

- **Deaconess Hospital Lab at Belgrade Clinic**

- **Deaconess Hospital Radiology at Belgrade Clinic**

Any other physician or provider of care at Bozeman Health not listed above is not subject to the Financial Assistance Policy.

Bozeman Health Deaconess Hospital

Bozeman Health Big Sky Medical Center

Amounts Generally Billed (AGB) Information Sheet

AGB Percentage

Deaconess Hospital's & Big Sky Medical Center's AGB percentage is 59.2% of gross charges for inpatient and outpatient services.

This percentage is based on all claims allowed for Bozeman Health's emergency and other medically necessary inpatient and outpatient services by Medicare, Medicaid, and private payers over a 12-month period divided by the associated gross charges for those claims.

LOOK-BACK PERIOD

The 12 month look-back measurement period currently in effect is:

- **July 1, 2017 – June 30, 2018**

This AGB will be applied starting as of October 1, 2018 and continuing September 30, 2019.

