



Plain-Language Summary of Financial Assistance Policy

WHO CAN APPLY

Deer Lodge Medical Center (DLMC) will provide emergency and medically necessary healthcare services for free to those who have tried all other payment options and

- have household income at or below 250% of the current year's Federal Poverty Guidelines (see chart), and
- have submitted a properly completed application for financial assistance

Financial assistance may also 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.

Patient Financial Service representatives are available to help you complete the application for financial assistance.

Persons in Family/Household	250% Federal Poverty Guideline
1	\$36,450
2	\$49,300
3	\$62,150
4	\$75,000
5	\$87,850
6	\$100,700
7	\$113,550
8*	\$126,400

*For each person in excess of 8 add \$12,850

HOW TO APPLY

Patients seeking financial assistance may apply by completing a Financial Assistance Application.

Free copies of the Financial Assistance Application are available from a hospital registration representative or online at www.dlmed.org. Patients may also request free copies by mail by calling 406-846-7709 or may obtain free copies in person at the DLMC Business Office:

- Deer Lodge Medical Center
1100 Hollenback Lane
Deer Lodge, MT 59722

Completed Financial Assistance Applications and required supporting materials may be submitted by hand delivering or mailing to the Business Office at the address show above.

Persons seeking more information in completing the Financial Assistance Application may contact one of the Hospital Representatives in the Business Office at 406-846-7709.

A patient qualifying for financial assistance under Deer Lodge Medical Center's Financial Assistance Policy will not be charged more than the amounts generally billed by the Hospital for the same services to individuals who have insurance covering such care.