



Hospital: 406-846-2212 · Clinic 406-846-1722

1100 Hollenback Lane · Deer Lodge, MT 59722

FINANCIAL ASSISTANCE APPLICATION

You may apply for financial assistance for you and your family if you are uninsured, have limited insurance available, 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, or our Financial Assistance Program. If you qualify for financial assistance, all of your balances may be reduced for medically-necessary services only. *Deer Lodge Medical Center will determine if a service is medically necessary based on the Deer Lodge Medical Center Financial Assistance Policy, available at www.dlmed.org or by calling a Business Office Representative.*

To apply for financial assistance, please complete the attached application and include all requested documentation. Return all the required information to Deer Lodge Medical Center.

Financial assistance provided by Deer Lodge Medical Center under the Financial Assistance Policy is secondary to all Third Party Payers and other financial resources available to the patient. Examples include Medicaid and other federal, state or county medical programs.

Checklist of all required information to complete application process:

- Did you and your spouse sign and date the application?
- Did you enclose your most recent federal tax returns including all pages and schedules and W-2s? If not, why?

- Did you attach a copy of your current Social Security benefit verification letter (if applicable)?
- Did you enclose copies of earnings statements for you and/or your other household members for the last three (3) months (pay stubs, unemployment, retirement, pensions, federal student aid)?
- If self-employed, did you include detail of the most recent three (3) months of income and expenses for the business?
- If applicable, proof of enrollment in any federal or state assistance programs, such as:
 - 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)

Any questions regarding the Deer Lodge Medical Center Financial Assistance Program may be directed to the Business Office Staff at:

**Deer Lodge Medical Center
1100 Hollenback Lane
Deer Lodge MT 59722
(406) 846-7709**



PATIENT NAME _____ Birth Date ____/____/____

Responsible Party (Guarantor) Information

Name _____ Social Security Number ____/____/____

Birth Date ____/____/____ Relationship to Patient _____ Phone _____

Address _____ City _____ State _____ Zip _____

Employer Name and Address: _____

Additional Household Members

Name	Birth Date	Relationship to Responsible Party
1.	/ /	
2.	/ /	
3.	/ /	
4.	/ /	
5.	/ /	

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)
- Medicaid or Special Low Income Medicare

STOP. IF YOU CHECKED A BOX ABOVE, SKIP TO THE LAST PAGE AND SIGN WHERE INDICATED.

If you are not currently receiving benefits for any of the public assistance programs listed above, please complete the remainder of this application.

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

- Completed and signed application form
- Copies of most recent year's federal tax returns, 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, unemployment, retirement, pensions, child support, federal student aid)
- A copy of your most recent Social Security benefit verification letter (if applicable)
- If self-employed, detail of the most recent three (3) months of income and expenses for the business

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

Household Monthly Income

Type	Responsible Party/Guarantor	Spouse	Other Household Member	Total
Employment and tips				
Farm or self employed				
Unemployment, disability income, etc.				
Alimony received				
Child Support paid	()	()	()	()
Pension/retirement				
Social Security Income				
Rental income				
Dividends, Interest				
Other: _____				
Total Monthly Gross Income	\$	\$	\$	\$

Other Funding or Assistance

We require patients who apply for financial assistance to look for other funding also. Please circle "Yes", "No", or "N/A" and provide the information requested.				
Does your employer or spouse's employer offer group health insurance? Or are you eligible for COBRA through a previous employer?	Yes	No	N/A	If yes, list insurance company:
Do you have other types of insurance (i.e. Allstate, AFLAC, etc.)?	Yes	No	N/A	If yes, list insurance company:
Do you have a Health Savings/Flex Spending Account?	Yes	No	N/A	If yes, list balance amount:
Does your employer reimburse you for any deductible for healthcare costs?	Yes	No	N/A	
Are you eligible for Medicare?	Yes	No	N/A	Please provide a copy of your card.

Please explain any situation we should be informed of in order to understand your inability to pay the medical balance. You may attach a separate sheet if more space is needed. Additional verification may be required.

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 Deer Lodge Medical Center any money I receive.

I will provide Deer Lodge Medical Center 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 Deer Lodge Medical Center to apply and obtain assistance from any government agency that I am qualified to receive assistance from and will pay Deer Lodge Medical Center any money I receive relating to these medical services.

I authorize Deer Lodge Medical Center 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 Deer Lodge Medical Center about my current assets, liabilities, credit, and other information as reasonably requested.

I release Deer Lodge Medical Center and its representatives from any and all liability connected with this release of information.

Signature of Applicant
(Responsible Party/Guarantor)

Date

Signature of Spouse

Date

Mailing Address:
Deer Lodge Medical Center
Attn: Business Office
1100 Hollenback Lane
Deer Lodge, MT 59722

Questions? Call the Business Office at: (406) 846-7709

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OFFICE USE ONLY

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

Y / N %

DIS \_\_\_\_\_



## 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.

| 2021 Federal Poverty Level Chart |                                |
|----------------------------------|--------------------------------|
| Persons in Family/Household      | 250% Federal Poverty Guideline |
| 1                                | \$32,200                       |
| 2                                | \$43,550                       |
| 3                                | \$54,900                       |
| 4                                | \$66,250                       |
| 5                                | \$77,600                       |
| 6                                | \$88,950                       |
| 7                                | \$100,300                      |
| 8*                               | \$111,650                      |

\*For each person in excess of 8 add \$11,350

### 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](http://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.