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D e e r L o d g e M T 5 9 7 2 2

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Department Name: Business Office

Subgroup: 1.0

Policy Name: Financial Assistance Policy

Administrative Approval _____

Medical Staff Approval _____

Effective Date: June 28, 2016

Board Approval: June 28, 2016

Latest Revision Date: November 7, 2019

Review Date: August 28, 2018

I. Purpose:

To outline the process for making a reasonable determination of who is eligible to receive financial assistance at Deer Lodge Medical Center (DLMC). To communicate the availability of financial assistance to patients and the public and to ensure that comparable guidelines are applied to all requests for financial assistance.

II. Overview:

In furtherance of its charitable mission, DLMC will provide both (i) emergency treatment to any person requiring such care; and (ii) medically necessary health care services to patients who are permanent residents of the Deer Lodge Medical Center service area (and others on a case-by-case basis) who meet the conditions and criteria set forth in this policy; in each case, without regard to the patients' ability to pay for such care.

DLMC will provide free emergency, medically necessary, or primary care services to persons or families where: (i) there is limited or no health insurance available; (ii) the patient has exhausted all alternative payment sources, including all third-party payment from insurance(s), pending litigation, and any federal and state programs for which they may be eligible (proof of applying for such benefits may be required); (iii) the patient cooperates with DLMC in providing the requested information demonstrating financial need, or other facts and circumstances readily demonstrate financial need; and (iv) DLMC makes an administrative determination that financial assistance is appropriate based on the patient's ability to pay (as established by family income or based on criteria demonstrating presumptive eligibility) and the size of the patient's medical bills.

After DLMC determines that a patient is eligible for financial assistance, 100% of the patient or guarantor responsibility balance will be forgiven. DLMC will utilize the Financial Assistance Guidelines set forth in **Exhibit 1** to determine eligibility for financial assistance. The Guidelines reflect family income levels tied to the most recent Federal Poverty Guidelines, and will be adjusted annually to reflect the annual update to the Federal Poverty Guidelines

DLMC will regularly review this Financial Assistance Policy to ensure that at all times it: (i) reflects the mission of DLMC; (ii) explains the decision processes of who may be eligible for financial assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules,

and regulations concerning the provision of financial assistance to patients who are uninsured or otherwise eligible.

III. Nondiscrimination:

- A. Deer Lodge Medical Center will offer financial assistance based on the eligibility guidelines described in this policy and will not discriminate on the basis of age, gender, race, sexual orientation, gender identity, creed, religion, disability or national origin.
- B. DLMC will render health care services, inpatient and outpatient, to all who are in need of emergency or medically necessary care, regardless of the ability to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistances pursuant to this policy.
- C. DLMC will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

IV. Definitions:

- A. **Bad Debt Expense:** Uncollectible accounts receivable (where reasonable attempts to collect have been made), excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as financial assistance care.
- B. **Family:** The patient, his or her spouse (including a legal common-law spouse), any minor children supported by the patient, and any adults for whom the patient is legally responsible. In the case of a minor patient, family includes both parents, the spouse of a parent, minor siblings, and any adults for whom the patient's guarantor is legally responsible. If a patient *or guarantor has been abandoned by a spouse or parent, that spouse or parent shall not be* included as a family member. A pregnant female counts as two family members.
- C. **Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Family income includes gross wages, salaries, dividends, interest, Social Security benefits, workers' compensation, veterans' benefits, training stipends, military allotments, regular support from family members not living in the household (other than child support), government pensions, private pensions, insurance, annuity payments, income from rents, royalties, estates, trusts, and other forms of income.
- D. **Financial Assistance:** Full reduction in charges to patients for emergency or medically necessary care, in the case of patients who are Financially Eligible, Presumptively Eligible, or Medically Indigent, as those terms are defined in this policy.

- E. Financially Eligible:** A patient whose family income is at or below 250% of the Federal Poverty Guidelines, as set forth in **Exhibit 1** hereto, as of the date of application, demonstrated by factual information provided by the patient on the Financial Assistance Application.
- F. Medically Indigent:** A patient whose family income does not meet financial assistance eligibility thresholds may be eligible for assistance under circumstances when DLMC medical bills would result in severe financial hardship. Patients, or their guarantors, may be eligible for catastrophic care assistance if they have incurred out-of-pocket obligations resulting from medical services provided by DLMC that exceed 30% of family income.
- G. Presumptively Eligible:** A patient who has not submitted a completed Financial Assistance Application, but who nonetheless is subject to one or more of the following criteria:
- Homeless
 - Deceased with no estate
 - Patient has been approved by the court for bankruptcy estate
 - Mentally incapacitated with no one to act on his or her behalf
 - Medicaid eligible, but not on the date of service or for non-covered services
 - Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 250% of the Federal Poverty Guidelines
 - Incarceration in a penal institution

DLMC's trained Financial Service Representatives will routinely review the foregoing criteria with patients, before asking patients to complete the Financial Assistance Application. DLMC or its representative, may also utilize other software programs or automated systems to determine Presumptive Eligibility. Patients who meet any of the foregoing criteria for Presumptive Eligibility will be deemed to be eligible for a 100% discount and will not be asked or required to submit a Financial Assistance Application.

- H. Medically Necessary:** Medical necessity will be determined by the treating physician and **include:** (i) Emergency medical services provided in an emergency room setting; (ii) Services for a condition, which, if not promptly treated would lead to an adverse change in the individual's health status; (iii) Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and/or (iv) Other medically necessary services scheduled in advance and assessed and approved at the discretion of Deer Lodge Medical Center. Medically necessary services **do not include:**
1. Services not medically necessary, including, but not limited to: (i) non-medical services such as social and vocational services; (ii) elective cosmetic surgeries (for these purposes, cosmetic plastic surgery procedures designed to correct appearance for personal reasons are considered "elective"); (iii) gastric bypass surgeries; (iv) tubal ligations, vasectomies, or contraceptives (v) Preventive services (other than those considered primary care services); (vi) chiropractic services; and/or (vii) convalescent care.
 2. Deductibles and coinsurance associated with medically necessary services provided to patients out-of-network as defined by their insurers, unless approved in advance by the DLMC CFO.

- I. **Patient:** As applicable depending on context, either the patient or his or her guarantor, *i.e.*, the person having financial responsibility for payment of the account balance.

V. Eligibility for Financial Assistance:

- A. Financial assistance will be given for emergency or medically necessary services to patients who are Financially Eligible or Medically Indigent (in both cases, based on information provided via the Financial Assistance Application attached as **Exhibit 2**), or to patients who have been determined to be Presumptively Eligible.
- B. A determination of qualification for financial assistance will cover services provided by DLMC on an inpatient or outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other providers employed or contracted directly by DLMC, as indicated on **Exhibit 3**, all of whom participate in the provision of emergency and/or medically necessary care at DLMC and have agreed to be covered by this policy. Services received from care providers not employed or directly contracted by Deer Lodge Medical Center (e.g. private and/or non-DLMC medical or physician professionals, ambulance transport, etc.) are not covered by this policy. Patients are encouraged to contact these providers directly to inquire into any available assistance and to make payment arrangements. See **Appendix 4** for full listing of providers not covered under this policy.
- C. Patients seeking financial assistance will be asked to complete the Financial Assistance Application attached as **Exhibit 2** to this policy. Copies of the application form are available at Deer Lodge Medical Center or online at www.dlmed.org. Applications may be completed directly by the patient, by the patient's guarantor and/or other legal representative.
- D. Required income verification and other documentation that may be required with Financial Assistance Application include:
 - 1. Most recently filed federal income tax return, including all schedules and W-2s
 - 2. Copies of earnings statements for the last three (3) months (pay stubs, unemployment, retirement, pensions, etc.), or if self-employed, detail of the most recent three (3) months of income and expenses for the business.
 - 3. Copy of current Social Security benefit verification letter
 - 4. Proof of enrollment in state or federal assistance programs
 - 5. Proof of applying for third party insurance or state or federal medical assistance programs
- E. 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 Deer Lodge Medical Center, 1100 Hollenback Ln, Deer Lodge, MT 59722

Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by DLMC to the patient for such care.

- F. Eligibility for financial assistance is conditioned upon (i) the patient's provision of complete and accurate information on the Financial Assistance Application set forth as **Exhibit 2**, (ii) the patient exhausting all alternative payment sources, including all third-party payment from insurance(s) and any federal and state programs in which they are enrolled, and (iii) the patient's timely cooperation throughout the financial assistance application process.

In connection with determining a patient's eligibility for financial assistance, DLMC will not request information other than as described above and on **Exhibit 2**, although patients may voluntarily provide additional information that they believe to be pertinent to eligibility. If DLMC contacts the patient to request missing information, the patient will have a period of 30 days to respond. Failure to respond within that 30-day period 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 DLMC to the patient for such care. 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.

- G. Once a completed Financial Assistance Application is received, a review of the application will be performed by the CFO for approval.

VI. Determination and Notification Regarding Financial Assistance:

- A. In the case of patients who are determined to be Financially Eligible, patients with family income at or below 250% of the current Federal Poverty Guidelines (see **Exhibit 1**), as of the date of application, will receive a 100% reduction in the patient portion of billed charges (*i.e.*, full write-off).
- B. Patients meeting the criteria of this policy and who are approved for financial assistance will be eligible for free emergent or medically necessary care during the approval period outlined below. Because DLMC does not charge any amount to patients eligible for financial assistance under this policy, DLMC is fully compliant with the "amounts generally billed" and less-than-gross-charge limitations that apply to charitable hospitals.
- C. Within 15 business days after submission of a completed Financial Assistance Application, DLMC will determine whether the patient qualifies for financial assistance based on Financial Eligibility or Medical Indigence and will notify the patient in writing of such determination and the amount of the discount to be provided; if the patient is uninsured, the written notice will indicate that the financial assistance award is conditional upon meeting with a Financial Service Representative to learn about insurance options available through the Montana Health Insurance Marketplace.

- D. A determination of financial assistance will be effective for a period of up to six (6) months from the date the application was approved, for subsequent emergent or medically necessary care, and will include all outstanding receivables, including those at bad debt agencies, unless a payment has been applied on the account. It is the patient's responsibility to inform Deer Lodge Medical Center of a change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.
- E. Deer Lodge Medical Center will refund or transfer any amount exceeding \$5.00 that was paid on a financial assistance approved account. Transfers will only be moved to accounts that are still outstanding and do not qualify for financial assistance

VII. Basis for Calculating Amounts Generally Billed (AGB)

- A. Deer Lodge Medical Center uses the prospective method based on Medicare fee-for-service rates to determine Amounts Generally Billed (AGB).

VIII. Impact on Billing and Collection Process:

- A. If, as a result of the financial application process, assistance criteria are not met, the patient/guarantor will be advised to arrange payment according to the Deer Lodge Medical Center Billing and Collection Policy and applicable procedures, under which a patient/guarantor may qualify for discounts and/or other payment options such as prompt pay discounts, payment plans, etc.

IX. Publication:

- A. The existence and terms of this Financial Assistance Policy will be made widely available to residents of DLMC's primary and secondary service areas. In furtherance of the foregoing, DLMC will utilize and widely distribute the plain-language summary attached as **Exhibit 5** to this Policy. Copies of such plain-language summary (i) will be included in patient registration materials and inpatient handbooks, (ii) will be offered to each patient as part of the intake or discharge process, and (iii) will be posted on DLMC's website, along with this Policy and the Financial Assistance Application, in a prominent and easily accessible location. This Policy, the plain-language summary, and the Financial Assistance Application will be available in English and any other language that is the primary language of the lessor of (i) 1,000 individuals, or (ii) 5% of the population within DLMC's primary and secondary service areas.
- B. DLMC will conspicuously post, in the Patient Admitting and Registration areas as well as the Emergency Department, signage providing information regarding the availability of financial assistance and describing the application process. Such signage will include the following statement: *You may be eligible for financial assistance under the terms and conditions DLMC offers to qualified patients. For more information, ask your registration or patient service representative for more information.* Such signs will be in both English and any other language that is the primary language of the lessor of (i) 1,000 individuals, or (ii) 5% of the population within DLMC's primary and secondary service areas. Such signage will be posted in other areas throughout DLMC's facilities offering meaningful visibility.

- C. DLMC will include information on the website of contact information to receive the Financial Assistance Application.

X. Budgeting, Recordkeeping, and Reporting:

- A. The CFO will ensure that reasonable financial assistance, including both free care and discounted charges, is included in DLMC's annual operating budget. The budgeted amount will not act as a cap in providing financial assistance, but will serve as a projection to aid in planning for the allocation of resources.
- B. DLMC will cause completed Financial Assistance Applications (along with required supporting information) to be maintained in the Business Office records. Such records will also reflect information as to whether such Applications were approved or denied.
- C. Financial assistance provided by DLMC pursuant to this Policy will be calculated and reported annually as required under applicable law. Except as otherwise specifically permitted based on context, DLMC will report its financial assistance provided to qualifying patients under this policy using the cost of services provided (not the charges for the associated services), with cost determined by applying the total cost-to-charge ratio derived from DLMC's Medicare cost report.

XI. Confidentiality:

DLMC recognizes that the need for financial assistance may be a sensitive and deeply personal issue for patients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance pursuant to this Policy. No information obtained in the patient's Financial Assistance Application may be released except where authorized by the patient or otherwise required by law.

EXHIBIT 1

Financial Assistance Guidelines

Based on 2021 Federal Poverty Guidelines (FPG)

| | 250% FPG |
|---------------------------------|-----------------------------------------------|
| Family or Household Size | <i>Free Care 100% Discount</i> |
| 1 | \$32,200 |
| 2 | \$43,550 |
| 3 | \$54,900 |
| 4 | \$66,250 |
| 5 | \$77,600 |
| 6 | \$88,950 |
| 7 | \$100,300 |
| 8* | \$111,650 |

*Add \$11,350 for each additional person above 8 household occupants

EXHIBIT 2



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**

EXHIBIT 2



FINANCIAL ASSISTANCE APPLICATION

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

Table with 3 columns: Name, Birth Date, Relationship to Responsible Party. Rows 1-5.

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.

EXHIBIT 2

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.

EXHIBIT 2

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 \_\_\_\_\_

### EXHIBIT 3

#### **Deer Lodge Medical Center Employed Physicians and Other Providers Covered by Policy**

All physicians and providers employed by, or contracted through, Deer Lodge Medical Center, other than those listed in Exhibit 4, are covered under this policy.

## EXHIBIT 4

### **Other Physicians and Providers Providing Care at Hospital *Not* Covered by this Policy**

Certain physicians and other providers participating in your care at Deer Lodge Medical Center are not subject to this Financial Assistance Policy. You will be billed directly by those providers for their professional services. Please contact them directly if you have questions or concerns regarding their bills for professional services.

The following is a list of physicians, providers, and/or practice groups that are not covered by this financial assistance policy or related guidelines:

#### Physicians and Providers:

Frank Raiser, MD  
Nathan Thomas, DPM  
Jake Starr, DDS  
Matthew Munding, MD  
Robert Minor, MD  
Douglas R. Waldo, MD  
Richard Day, MD  
Carla Kingsley, DO  
Eric Stern, MD  
Steve Martini, MD  
Eugene Silva, MD  
Matthew Weiss, MD  
Laura Twist, MD

#### Practice Groups and Labs:

ARUP Laboratory  
Community Hospital of Anaconda  
Community Medical Center  
Elevation Dental  
Galaxy Laboratory  
Kalispell Regional Medical Center  
LabCorp  
Medical Imaging Associates  
Millennium Laboratories  
Myriad Laboratory  
PAML Laboratories  
Precision Diagnostics  
Prometheus Laboratories  
Providence Psychiatry  
RDL Laboratories  
Serolab  
Silver Bow Surgical Associates  
Spectracell Laboratories  
Stony Brook Medicine  
Lab

**EXHIBIT 5**



**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.

| <b>2021 Federal Poverty Level Chart</b> |                                       |
|-----------------------------------------|---------------------------------------|
| <b>Persons in Family/Household</b>      | <b>250% Federal Poverty Guideline</b> |
| 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.