

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, 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.

1a. Household Information

Applicant: _____
 Spouse: _____
 Address: _____

 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)

 First and Last Name

 Relationship

 Date of Birth

 First and Last Name

 Relationship

 Date of Birth

 First and Last Name

 Relationship

 Date of Birth

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 a 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) 322-1000

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 hi/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
- 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 month 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 minderal royalities/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)				

Totals

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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 _____

Assets – Financial (Accounts I Own)	Current Balance	Financial Institutions Holding Account	Account #
Checking account			
Savings account #1			
Savings account #2			
CDs/Bonds			
Stock/Mutual funds			
Retirement funds			
(Please List)			
Other:			

For Internal Use Only	
Total Assets A+ B1	<input type="text"/>
Total Liabilities B2 + C1	<input type="text"/>
Total Monthly Payments B3 + C2 + D	<input type="text"/>

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			
(Please List)			
Other:			

Liabilities (Balances I Owe)	Current Balance of Loan	Monthly Payment
Bank or credit union loans		
Department store cards		
Outstanding medical bills		
School loans		
(Please List)		
Other:		

Totals

<input type="text" value="B1"/>	<input type="text" value="B2"/>	<input type="text" value="B3"/>
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Totals

<input type="text" value="C1"/>	<input type="text" value="C2"/>
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Monthly Expenses	Amount
Rent / Mortgage	
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	
(Please List)	
Other:	

Total

4a. Financial Assistance Application Checklist

(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 provided is true and correct to the best of my knowledge. I will cooperate to obtain assistance and pay Stillwater Billings Clinic any money I receive.

I will provide Stillwater Billings Clinic with information about any other means to pay this bill such as Medicaid, Crime Victims Fund, automobile or auto insurance policies, etc. I will cooperate with Stillwater Billings Clinic to obtain assistance from any government agency and will pay Stillwater Billings Clinic any money I receive relating to these medical services. I release Stillwater Billings Clinic and its representatives from any and all liability connected with this release of information.

Signature of applicant

Date

Signature of Spouse

Date

Mailing Address:

Stillwater Billings Clinic
Financial Services
PO Box 959
Columbus, MT 59019

Questions? Call Patient Financial Representatives: (406) 322-1000