4a. Financial Assistance Application Check List

(For those filling out entire form)

Please be sure that you have answered all the questions on the application and included copies of requi	ired 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?

You may also qualify for the Medication Assistance Program (MAP) for your prescription needs. To make an appointment with a MAP advocate, please call (406) 446 -2345 or 1(877) 404-9442.

4b. 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 Beartooth Billings Clinic any money I receive.

I will provide Beartooth Billings Clinic 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 Beartooth Billings Clinic to obtain assistance from any government agency and will pay Beartooth Billings Clinic any money I receive relating to these medical services. I release Beartooth Billings Clinic and its representatives from any and all liability connected with this release of information.

Signature of Applicant (Patient, Parent or Guardian)	Date	
Signature of Spouse	Date	

Mailing Address:

Beartooth Billings Clinic Attn: PFS Financial Assistance PO Box 590 Red Lodge, MT 59068

REV 04/13 405088

Beartooth Billings Clinic

Financial Assistance Application

In keeping with our mission and core values, Beartooth Billings Clinic is committed to providing health care for people regardless of their ability to pay.

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, long-term loans, 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. Beartooth *Billings Clinic will determine if a service is medically necessary based on the Beartooth Billings Clinic Financial Assistance Policy*.

1a. Household Information

Applicant: Spouse: Address: Number and Street City State Zip Code

Home Frione. ()	
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
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.

To be considered for financial assistance, you must supply the following: Copies of most recent year's tax returns fideral and state, all pages and schedules, including W25 (aps storts), social Security, unemployment, retirement, president and state, all pages and schedules, including W25 (aps storts), social Security, unemployment, retirement, president and mischer spouse for the last three (3) months (aps study, social Security, unemployment, retirement, president and mischer spouse for the last three (3) months (aps study, social Security, unemployment, retirement, president state and state and state, all pages and schedules, including W25 (aps stords, etc.) Interest propriet application in the above listed items, your applicant or and the above listed items, your application could be denied as incomplete. Pices return this signed application and the above listed items, your applicant or and the above listed items, your applicant or any state of the present of the state of the sta	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.			Assets - Financial Current Financial (Accounts I Own) Balance Holding Account					For internal use only			
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One copy of each of your last three pendon/investment account statements (rawings, CDs, stocks, etc.) Betierment (inds) Cher,**PSEUIP*			•	a support, reactar ste	ident did)	Stock/mutual funds					BZ+CI _	
Letter explaining your need for financial assistance Without the above listed items, your 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. No have the right to appeal our determination. Income - List all monthly gross income Applicant Spouse Other Total				ements (savings, CDs	, stocks, etc.)					Total M	onthly [
Without the above listed items, your application could be denied as incomplete. Piese return this signed application and the above listed items within four (a) weeks. We will notify you in writing of our decision within 15 days of receiving a complete application. You have the right to appeal our determination. Total Gross wages from paycheck Farm or self employed Social Security/SSI/SSIO Unemployment compensation Almony Child support Pension/retirement Income from dividends, interest, rent Education grants/loans Inheritance Oil and mineral royalites/land lease Income from dividends income Income tax refunds: federal state month of weeks' comp. boddly injury lawsuit their motor wehicle accident Other income (please explain) Total Total Total Total Assess - Property (Property on) Income tax refunds: federal state month of weeks' comp. boddly injury lawsuit their motor wehicle accident Other income (please explain)	,	•		J.,,	,,	Other: (Please List)				Pay	ments	
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Social Security/SSI/SSDI Unemployment compensation Workers compensation Workers compensation Auto #3 Auto #4 Auto #3 Auto #4 A	Gross wages from paycheck					House			Bank or credit u	ınion loans		
Unemployment compensation Workers compensation Alimony Child support Pension/retirement Income from dividends, interest, rent Education grants/loans Inheritance Oil and mineral royalties/land lease Native American income Income tax refunds: _ federal _ state Settlement income: _ worker's comp motor vehicle accident Other income (please explain) Total Tot	Farm or self employed					Auto #1			Credit cards			
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Boat Other: Motorcycle/ATV Motorcycle/ATV Mot	Unemployment compensation					Auto #3			Outstanding m	edical bills		
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Clothing Entertainment including TV, internet, movies, etc.	Total											
	iotai											
If you are currently unemployed, when was your last day of work?			. 1 . 6 . 15				ing TV, internet,	movies, etc.				
Other: (Please List)	_ , , , ,	•	•		-	· ·					+-	
Will you receive unemployment? Yes No	Will you receive unemploymen	t? Yes No	_			Ottici. (Flease List)						
If you are temporarily out of work, do you expect to return to the same job? Yes No	If you are temporarily out of wo	ork, do you expect t	to return to the sam	e job? Yes No								