383 North 17th Ave | Forsyth, MT 59327 | (406) 346-2761

DUE BY:

PATIENT FINANCIAL ASSISTANCE APPLICATION

[ ] Pre-Determination

#1 Responsible Party

Last name ____ First name ____ Middle name ____

Address ____ City ____ State ____ Zip Code ____

Social Security ____ Date of Birth ____ Age ____

Home phone ____ Cell phone ____

Employer Name ____ Years employed ____ Work phone ____

[ ] Single [ ] Married [ ] Legally Separated [ ] Divorced [ ] Widow/Widower

#2 Spouse or Significant Other

Last name ____ First name ____ Middle ____

Address (if different from Patients) ____ City ____ State ____ Zip Code ____

Social Security ____ Date of Birth ____ Age ____

Home phone ____ Cell phone ____

Employer Name ____ Years employed ____ Work phone ____

#3 Dependents

Number of legal dependents ________ Ages of legal dependents ________

#4 Insurance Information

Does anyone in the household have health insurance? [ ] Yes [ ] No

Insured Name ____ Health Ins. Name ____ Policy number ____

#5 Household Monthly Gross Income

	Responsible Party	Spouse
Employment **(<u>Gross Earnings</u>)**	$	$
Self Employment *Business Type__________________	$	$
Social Security	$	$
Real Estate Rental Income	$	$
Unemployment- Date Ended __________	$	$
Disability	$	$
Workmen's Compensation	$	$
Child Support	$	$
Alimony	$	$
Military Income	$	$
Food Stamps	$	$
Other	$	$
TOTAL	$	$

Use additional paper to include any other household members incomes not listed

#6 Savings and Investments

☐ I do not have a checking account
☐ I do not have a savings account

	Responsible Party	Spouse
Checking Account Balance	$	$
Savings Account Balance	$	$
Retirement	$	$
CD/IRA/403b/401k/Annuities/IRA's	$	$
Stocks/Bonds/Interest/Life Ins./Land	$	$
Other Savings and Investments *__________________________	$	$
TOTAL	$	$

Use additional paper to include any other household members savings or investments not listed

#7 Other Assets

	Year	Make	Model	Balance Remaining	Value
Boat				$	$
Camper/RV				$	$
Motorcycle				$	$
ATV				$	$
				$ **TOTAL**	$ **TOTAL**

#8 Monthly Expenses (please round to nearest dollar)

Housing

[ ] Rent payment $ ____________
[ ] Mortgage payment $ ____________
*Value of Home $ ____________

Second mortgage payment $ ____________
*Remaining balance $ ____________

Lot rent (mobile homes) $ ____________
Renters insurance $ ____________
Homeowners insurance
(If not included in mortgage) $ ____________
Property tax
(If not included in mortgage) $ ____________

Transportation/Vehicles

Automobile payment $ ____________
*Remaining balance $ ____________
Year________Make____________Model____________

Automobile payment $ ____________
*Remaining balance $ ____________
Year________Make____________Model____________

Automobile payment $ ____________
*Remaining balance $ ____________
Year________Make____________Model____________

Insurance $ ____________
Gasoline/Diesel $ ____________

Credit Cards

Name ____________
Payment $ ____________
Balance $ ____________

Name ____________
Payment $ ____________
Balance $ ____________

Name ____________
Payment $ ____________
Balance $ ____________

Name ____________
Payment $ ____________
Balance $ ____________

Name ____________
Payment $ ____________
Balance $ ____________

Housing Utilities

Electric $ ____________

Water $ ____________

Gas $ ____________

Garbage removal $ ____________

Telephone (land line) $ ____________

Telephone (cellular) $ ____________

Cable and Internet $ ____________

Medical

Health insurance $ ____________

Life insurance $ ____________

Dental insurance $ ____________

Medications $ ____________

Other-____________ $ ____________
*Balance $ ____________

Other-____________ $ ____________
*Balance $ ____________

Other-____________ $ ____________
*Balance $ ____________

Other-____________ $ ____________
*Balance $ ____________

Other Loans

Type ____________
Payment $ ____________
Balance $ ____________

Type ____________
Payment $ ____________
Balance $ ____________

Type ____________
Payment $ ____________
Balance $ ____________

Type ____________
Payment $ ____________
Balance $ ____________

#8 Monthly Expenses (continued)

Miscellaneous

Food and Paper Products	$	Child Care	$
Clothing/Shoes	$	Child Support	$
Entertainment	$	Alimony Paid	$
Charity Contributions	$	Lawn Care	$
Newspaper	$	Other household	$

TOTAL EXPENSE (For Office Use Only) $ X 12 = $

#9 Other Comments

#10 Assignment of Rights

I understand that proof of income (see Financial Assistance Checklist) is required to process my application.
I also understand that more information may be requested before my eligibility can be determined.

I hereby acknowledge that the information listed on this application is true and correct. If any information given proves to be untrue or is withheld I understand the hospital may take whatever action is appropriate. This action may include denial of this application up to and including denial of all future applications.

I agree that I will repay the assistance I was rewarded if I receive payment of any kind for the medical services covered by this application. Examples of this would be: insurance payments, payments from government programs, lawsuit settlements, or any other source of payment received.

Signature Date Signature Date

Rosebud Health Care Center and its' RHC will not grant financial assistance for services not considered as medically necessary
You must be a US Citizen, US National, or alien lawfully present in the United States in order to qualify for any type of financial assistance of ffered by RHCC and its' RHC

Failure to complete and/or cooperate with all RHCC and governmental agencies such as, Medicaid, and/or the Healthcare Reform which began 1/1/14, disqualifies you from the financial assistance program offered by I RHCC and its' RHC

In the future if your financial situation improves and you would like to remember the assistance you received please consider making a donation to Rosebud Health Care Center, Forsyth, MT