



Rosebud Health Care Center  
 383 North 17th Ave | Forsyth, MT 59327 | (406) 346-2161

**PATIENT FINANCIAL ASSISTANCE APPLICATION**

**It is the policy of Rosebud Health Care Center to provide essential services regardless of patient's ability to pay. Rosebud Health Care Center offers assistance based on family size and annual income.**

**Please complete the following information and return to the Business Office to determine if you or members of our family are eligible for assistance.**

**SELF**

Last Name First Name Middle Name

Address City State Zip Code

**Other**

Last Name First Name Middle Name

Address (if different from Patients) City State Zip Code

**Dependents**

Number of legal dependents \_\_\_\_\_ Ages of legal dependents \_\_\_\_\_

**Source of Income**

	Self	Other
Gross wages, salaries, tips, etc	\$	\$
Income from business and self-employment	\$	\$
Unemployment, compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income	\$	\$
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources	\$	\$
<b>TOTAL</b>	\$	\$

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

**Other Comments**

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### 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 RHCC may take whatever action is appropriate. This action may include denial of this application up to and including denial of all future applications.

Signature	Date	AND (If joint)	Signature	Date
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### Office Use Only

Patient Name: \_\_\_\_\_  
Approved Discount: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

#### Verification Checklist

Identification/Address: Driver's license, utility bill, employment ID, or other	Yes	No
Income: Prior year tax return, three most recent pay stubs, or other	Yes	No