



OUR MISSION

Employees of RHCC
are committed to
high quality, efficient
and patient-centered
care for our family,
friends and
community.

Rosebud Health Care Center

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Rosebud Health Care Center

**Financial Assistance/
Charity Care**



Financial Assistance/ Charity Care

When someone in need for healthcare cannot pay for services, Rosebud Health Care Center offers financial assistance. Individuals in need of emergency care will never be denied treatment or care if they do not have insurance or are unable to pay.

Eligibility:

- Based upon family size and annual household income
- Available to individuals and families whose income falls within 200% of the current federal Poverty Guidelines (updated annually) and for medical hardship
- Applies to all services except elective procedures

HOW CAN YOU APPLY FOR FINANCIAL HELP FOR MEDICAL CARE AT OUR HOSPITAL?

1. Request an Application form.
 - Call 406.346.4215 Monday through Friday, 8 a.m. to 5 p.m. Mountain Time.
 - Download the application form at <https://www.rosebudhcc.org/charity-care-program/>
 - Ask for an application form from one of the following areas or individuals within the hospital:
 - Front desk Registration
 - Business Office

2. Complete and return the signed form and provide all requested documentation.
 - Return the completed application form to the Business Office.
 - Make sure to provide all required documentation.

All information supplied is kept completely confidential. The information on your completed application form and attached documentation is only shared with those who determine your eligibility for financial help.

3. Your completed application form and documentation is reviewed by the Business Office Manager.
4. You will be notified of the decision regarding your eligibility for financial assistance.
 - You will be notified after a review of your application is completed.
 - You will receive a phone call and letter with our decision.
 - If you are found to be eligible for Medicaid, Medicare, other public assistance or for insurance through your state's health insurance exchange, we will help you fill out an application for the correct program or provide information for additional assistance.
 - If you do not have health insurance and are not eligible for public assistance programs, or if you do have insurance through your state's health insurance exchange, our Business Office will discuss our Financial Assistance Program and the potential discounts available.
 - If you do not qualify for financial assistance or only qualify for partial assistance and have concerns about paying your medical bills for services, we will work with you to make payment arrangements.

What you need to know if you qualify for financial assistance with your medical bills

- Financial assistance only applies towards hospital-based treatments and services provided by RHCC and providers employed by RHCC.
- If you seek repeat or additional services at RHCC, you may be required to resubmit an application and complete another financial screening.

Charges for services

As part of our Financial Assistance Policy, RHCC is committed to making patients aware of estimated charges for the medical services they will receive at our hospital. Sometimes, during treatment, your doctor may order and provide more medical services that may appear on your bill but were not part of the estimated charges. Although we attempt to make patients aware of all expected, estimated charges, it is hard to know ahead of time if a doctor will order more services based on patients' specific needs.

Basis for Calculating Amounts Charged

RHCC will not charge patients eligible for Financial Assistance under this policy for emergency or other medically necessary care more than the Amounts Generally Billed (AGB) to individuals who have insurance. Individuals may request the AGB percentage in effect at any particular time by contacting the Business Office. RHCC will use the look back method to calculate the AGB percentage at least annually by dividing the sum of all claims that have been paid in full by Medicare and all private health insurers together as the primary payer of those claims during the prior twelve (12)-month period by the sum of the associated gross charges for those claims.