

This Financial Assistance Application is being provided to you for completion so that we can determine if you qualify for our Financial Assistance Program.

To determine if you qualify for our Financial Assistance Program, please return the following supporting documentation with this completed packet:

- ✓ A copy of a photo ID (state driver's license/state ID) or other identification documents (Social Security card, alien registry card, birth certificate, baptismal or marriage certificate, passport, visa, employee ID card, etc.).
- ✓ Last year's Form 1040 federal income tax return, with all Forms W-2 and/or 1099.
- ✓ Last two weeks of paystubs with year to date totals, or last two months of paystubs without year to date totals (if paid in cash without paystubs, provide written verification from employer).
- ✓ Proof of income from all other sources such as unemployment compensation, disability income, rental income, pensions, annuities, interest payments, wage and earning statement from Social Security office
- ✓ If you are currently receiving Social Security benefits, a copy of your "benefit amount" letter, a copy of your monthly Social Security check, or copies of bank statements from three months prior showing direct deposit of the Social Security benefit.
- ✓ Copies of bank statements for checking, savings, certificates of deposit, etc. for the last two months.
- ✓ If you are a student, a list of the current semester's credits/classes and a copy of your student ID.

☞ NOTE: The name shown on the patient's photo ID must be the same name shown on paystubs and tax forms.

☞ NOTE: Where parents of a minor patient are divorced or separated but share responsibility for the minor's medical care, each parent must complete a separate application.

**Please return this completed application and the requested supporting documentation as soon as possible. An application will not be reviewed until all required supporting documentation has been provided**



### III. EMPLOYMENT AND INCOME INFORMATION

#### Employment information of applicant (or parent, if applicant is a minor):

Employer \_\_\_\_\_ Unemployed? (Y/N)\_\_\_\_ Date of Unemployment \_\_\_\_\_  
Business Address \_\_\_\_\_  
Street City State Zip Code  
Phone # (\_\_\_\_) \_\_\_\_\_ Does Employer Offer Health Insurance ? (Y/N) \_\_\_\_\_  
Occupation / Position \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Student (Y/N)\_\_\_\_ Name of School \_\_\_\_\_ Number of Credits This Semester \_\_\_\_\_

#### Employment information of Spouse (if applicable):

Spouse's Employer \_\_\_\_\_ Unemployed ? (Y/N)\_\_\_\_ Date of Unemployment \_\_\_\_\_  
Business Address \_\_\_\_\_  
Street City State Zip Code  
Phone # (\_\_\_\_) \_\_\_\_\_ Does Employer Offer Health Insurance ? (Y/N) \_\_\_\_\_  
Occupation / Position \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Student (Y/N)\_\_\_\_ Name of School \_\_\_\_\_ Number of Credits This semester \_\_\_\_\_

### IV. CERTIFICATION

*I certify that the information I have provided in this application and the required supporting documentation is true and correct to the best of my knowledge. I will apply for any federal, state or local assistance for which I may be eligible to help pay for my medical care. I understand that the information provided may be verified by Phillips County Hospital, and I authorize Phillips County Hospital to contact third parties to verify the accuracy of the information I have provided. I understand that, if I knowingly provide inaccurate or incomplete information in this application, I may be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of my medical bills.*

Applicant's Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Your completed application and supporting documentation may be submitted by:

- Hand-delivering to Steph Denham, CFO or to one of the PCH Business Office personnel at either:  
- 311 South 8<sup>th</sup> Ave East, Malta, MT 59538
- Mailing to Phillips County Hospital, ATTN - Steph Denham, CFO, Box 640, Malta, MT 59538

**\*\* To ensure timely processing, please be sure to include all the required information from the checklist on the first page of this application \*\*\***

*Applicants will be notified within 15 business days after submission of a complete application with all required*

