



311 S 8th Ave E

Malta, MT 59538

406-654-1100

Fax 406-654-5070

www.pchospital.us

Payment Options

We accept cash, check, money order or credit card payments. Ask us about our option for saved credit/debit card on file.

Interest Free Payments

We offer monthly payment plans for your payment needs.

Feel free to contact our Business Office for more information on any of these options.

Discounts

When paying off the account in full, you may take the following discount:

\$0-\$500	10% discount
\$501-\$5000	15% discount
>\$5001	20% discount

We now offer a prompt pay discount of 5% when you pay your statement off within 30 of the first initial statement. This discount is added to the above listed discounts.

Patient Responsibility

- Provide up-to-date information such as: address, phone number, and social security number.
- Provider current insurance information. Please bring your card with **each** visit. If you do not provide this information, the bill/visit will be self-pay until insurance coverage is shown.
- Copays are due at the time of visit, and are not considered a monthly payment. If you don't have insurance or don't know your copay amount, the minimum due is \$25.

YOUR account is YOUR responsibility.

- **Pre-Authorization of various services is the patient's responsibility. NOTE: Insurance companies may not pay for all medical services. If you are not sure a service is covered by your plan, please contact your insurance company prior to your appointment.**

Insurance

- Claims will be submitted to the insurance company that you provide us. Balances remaining are the patient's responsibility.
- Other bills you may receive in addition to those from the hospital and/or clinic include: visiting specialists, PC Ambulance service, lab services, radiology and/or pathology. This list is not all inclusive, other statements may be sent depending on the services you received.

A form of payment is due each month.

Collections

- You will receive 3 statements before any collection efforts by PCH will begin IF you haven't made a payment. At this point, you will receive a collection letter and will have 2 weeks to make a payment on your account.
- Failure to make a payment will result in being turned over to our 3rd party collection agency.
- After your account is at the collection agency, your payment arrangements will be with them.

**Make Checks Payable to:
Phillips County Hospital
PO Box 640
Malta, MT 59538**

Annual 2023 Poverty Guidelines



Financial Assistance

Financial Assistance is the discount on your bill, based on your household income. We have the 2023 National Poverty Guideline chart for your reference. Find your family size in the left hand column and look across to see where your total income falls.

If you feel you would qualify for assistance and would like to pick up an application please contact the business or registration office.

PLEASE NOTE COMPLETING A FINANCIAL ASSISTANCE APPLICATION ISN'T A GUARANTEE OF ELIGIBILITY.

If you don't complete the application or if you return it without the requested supporting documentation we will be unable to determine whether you qualify for our Financial Assistance Program.

Household Size	100%	150%	200%	250%	300%	400%
	Free Care	70% Discount	60% Discount	50% Discount	40% Discount	30% Discount
1	\$14,580.00	\$21,870.00	\$29,160.00	\$33,975	\$43,740.00	\$58,320.00
2	\$19,720.00	\$29,580.00	\$39,440.00	\$45,775.00	\$59,160.00	\$78,880.00
3	\$24,860.00	\$37,290.00	\$49,720.00	\$57,575.00	\$74,580.00	\$99,440.00
4	\$30,000.00	\$45,000.00	\$60,000.00	\$69,375.00	\$90,000.00	\$120,000.00
5	\$35,140.00	\$52,710.00	\$70,280.00	\$81,175.00	\$105,420.00	\$140,560.00
6	\$40,280.00	\$60,420.00	\$80,560.00	\$92,975.00	\$120,840.00	\$161,120.00
7	\$45,420.00	\$68,130.00	\$90,840.00	\$104,775.00	\$136,260.00	\$181,680.00
8	\$50,560.00	\$75,840.00	\$101,120.00	\$116,575.00	\$151,680.00	\$202,240.00

Items Needed to Complete Financial Assistance Application

Proof of Income

- A copy of a photo ID (state driver's license/state ID) or other identification documents (Social Security Card, Birth 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 statements 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, for the last two months