



## **PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE**

### **Financial Assistance Offered**

Our mission is to provide the Bitterroot Valley with quality, accessible, and personalized healthcare. As part of this mission, we offer financial assistance through our Financial Assistance Policy to patients for emergency or other medically necessary care.

### **Eligibility Requirements and Assistance Offered**

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment, income (Federal Poverty Level guidelines are used to determine the amount of financial assistance offered), family size, assets, and residency in Ravalli County, unless services were for emergency care.

Financial assistance is offered to patients who are uninsured and underinsured. Full financial assistance will be granted based on income equal to or less than 100% of Federal Poverty Level guidelines. Partial assistance may be granted based on income between 100% and 200% of Federal Poverty Level guidelines. Value of assets may be considered in determining the level of assistance.

Patients must fully comply with all requirements of the application process, including submitting an application and all required documents such as proof of income, copies of bank statements and filing and application for other sources of assistance such as Medicaid.

### **Where to Obtain Information**

Our Financial Assistance Policy and Application are available free of charge by contacting our Patient Financial Services Department at (406) 375-4498 or at all registration locations. The policy and application are also available online:

<http://www.bitterroothealth.org/FinancialAssistance>

If a patient qualifies for financial assistance, Bitterroot Health Hospital will not charge them more than the amount generally billed to individuals who have insurance covering such care. Completed financial assistance applications, including required documents, should be submitted to:

Bitterroot Health  
Attention: Patient Financial Services  
1200 Westwood Drive  
Hamilton, MT 59840

Those with questions or needing assistance completing a financial assistance application may contact us via phone or in person:

Patient Financial Services (406) 375-4498  
1224 West Main Street, Hamilton, MT 59840