

## FINANCIAL ASSISTANCE APPLICATION

INSTRUCTIONS: Please complete all information on the following application and send it back to the hospital **with** the following information: last month's bank statement, last month's rent receipt, last month's utility bills, last month's pay stubs and last year's tax return. If someone is providing room and board or is helping to pay your bills, a letter of support will need to be sent in with this financial application.

Patient Account #					
Responsible Person					
Patient Name					
Mailing Address		_ City	State	Zip Code	
Home Phone	Cell Phone		_ Alternate Phone		
Number of family members in home					
Total household income					
Mortgage / Rent					
Electric bill	Water		Heating fuel		
Garbage	Phone		Internet		
Auto loans	ans Auto insurance				
Home / Renter's insurance					
Medical bills	Medical insurance				
Credit Cards					
Food					
Total Monthly debts					
Please Check Yes or No					
Own Home: Yes 🗆 No 🗆	Assessed value_				
"This institution is an equal opportunity provider."					

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Own 2 <sup>nd</sup> Home/Property: Yes □	No 🗆 Assesse	ed value		
Life insurance policy: Yes ☐ No	☐ Cash value			
Checking account: Yes ☐ No ☐	Balance \$			
Savings account: Yes □ No □	Balance \$			
Money Market, IRA's, CD's, Stock's,	Bonds: Yes	No 🗆		
Cash value \$				
Automobiles: Yes □ No □				
Year Make		Model		
Year Make		Model		
Recreational vehicles: Yes  No				
Year Make		Model		
Have you applied for Montana Medicaid? Yes 🔲 No 🖂 Date applied				
Have you applied for Insurance under the ACA? Yes □ No □ Date applied				
accordance with the relevant laws, will connected with administration of unco only as authorized by law.  I certify, under the penalty of periury, the content of the penalty of periury, the certify are the certify.	I use the acquired mpensated care.	ment, medical, financial and other information the processing to this statement. MCH, in information solely for purposes directly MCH will only release confidential information		
knowledge. I understand and agree to	provide documen	are correct and complete to the best of my ts to prove what I have stated.		
Your Signature	Date	Witness Signature if signed by X		

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