You May Qualify for Financial Assistance

Wheatland Memorial Healthcare Compassionate Care Program

It is the policy of Wheatland Memorial Healthcare to provide essential services regardless of the patients ability to pay. Discounts are offered based on the family size and annual income. Please complete the following information and return to the business office to determine if you or members of your family are eligible for a discount.

The discount will apply to all eligible services at this hospital, elective services and Medicaid spend down would be considered ineligible. This form must be completed at least every 12 months or if your financial situation changes.

FINANCIAL APPLICATION

Gross wages, salaries, tips, etc.
Income from business, self-employment, and independents.
Unemployment compensation, worker’s compensation, Social security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income.
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Total Income

NOTE: Copies of most current tax return, 2 months worth of pay stubs, 3 months of bank statements, or other information verifying income may be required before a discount is approved.

I certify that the family size income information shown above is correct.

Name (Print) ___________________________ Date ____________________

Signature _____________________________

Office Use Only

Patient Name: __________________________
Approved Discount: ____________________
Approved by: __________________________
Date Approved: _________________________

Verification Checklist

Yes No
Identification/Address: Driver’s license, utility bill, employment ID or other
Income: Prior year tax return, three most recent pay stubs, or other
Insurance: Insurance Cards

Applications available at WMH Business Office or Online at www.wheatlandmemorial.org

If you have any questions or need any help with this process, you can call the Wheatland Memorial Healthcare Business Office at 406-632-4351.

Making your life easier...in keeping with the mission of Wheatland Memorial Healthcare, patients who lack the ability to pay for care may be eligible for financial assistance.
Have you heard about the Montana CHIP Program for children? Yes or No

Have you hear more information about that program? Yes or No

I (we) certify that the information provided is true and accurate to the best of my (our) knowledge. I understand the information submitted concerning annual income, assets, and numbers of residents in my household is subject to verification by Wheatland Memorial Healthcare. If any of the information I have given proves to be untrue, or I have intentionally omitted information, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

Please sign below:

__________________________
Signature

__________________________
Date

__________________________
Signature

__________________________
Date

WHEATLAND MEMORIAL HEALTHCARE

At Wheatland Memorial Healthcare, we understand that healthcare expenses may occur when you least expect them. To assist you through the process, please call (406) 632-4351.

INTEREST FREE PAYMENT PLAN

For those individuals who prefer to make payment, Wheatland Memorial Healthcare offers an interest-free payment plan for up to 12 months. Simply divide the balance by 12 to determine payment.

LOAN TRICOUNTY CREDIT UNION

For individuals who desire a lower monthly payment, Wheatland Memorial Healthcare offers a loan program. Interest is 15%, and your minimum payment is 4% of your balance. There is no application, simply call and let us know that you want to go on the program. We will send your account to the bank and you will receive a statement in the mail each month similar to a credit card bill.

FINANCIAL ASSISTANCE

Wheatland Memorial Healthcare offers reduced rates and financial assistance—Compassionate Care for those individuals who need help paying their bill. The process requires completing a financial application and is dependent on household income and family size. You maybe eligible for some assistance.