



Wheatland Memorial Healthcare

Compassionate Care Discount Program Instructions

Wheatland Memorial Healthcare is dedicated to helping all of our patients meet their financial obligations to our facility in any way we can. To this end, we have adopted reasonable guidelines with respect to the provision of health care services to patients who are determined to be unable to pay for the services received. We have developed a compassionate care discount program that can be used as a last resort when patients have exhausted all other options for paying for the health care services received here. Wheatland Memorial Healthcare will always treat patients with respect and dignity while attempting to resolve their balance.

All patients must agree to be screened for benefits by completing a financial statement and/or other related paperwork in order to qualify for discounts under this program. The discounts provided under this program are based on a multitude of factors including, but not limited to, household income compared to the federal poverty levels, household assets and debts, and changes in medical conditions. Discounts up to 100% may be granted if approved according to our policy guidelines.

In order to be considered for our compassionate care discount program, please complete all of the following and return all documents to the address below.

- **You must apply for Medicaid assistance first** (*NOTE: You do NOT have to apply if you are single, non-disabled person between the age of 19 to 65, with no dependants*). The phone number for the local office in Harlowton is 406-632-4895. They are open on Mondays from 9:30 am until 2:30 pm in Harlowton. The Lewistown office phone numbers are 406-538-7468 or 888-200-6870. If you are approved for Medicaid, this process will stop for all bills covered by Medicaid. If you are denied Medicaid assistance you will receive a notice from Medicaid saying so. You must provide us with a copy of this letter.
- **Complete the attached application.** You must complete all sections of this application for it to be processed. If you do not provide all the requested information, we will contact you to get the missing information before your application will be processed. This will delay any action on your account. It is very important that you provide all information about your monthly income and expenses along with your assets and changes in medical conditions, as we consider all of this information.
- **Return the application and all supporting documentation to the hospital.** Please make sure you sign and date the application and return it to us along with all other supporting documents requested such as check stubs, bank account information, etc. We need to have proof to be able to quickly make an informed decision on your request.

If you have any questions or need any help with this process, you can call the Business Office Director at 406-632-4351. Please return all documents to the following address:

Wheatland Memorial Healthcare
Business Office Director
PO Box 287
Harlowton, MT 59036