

# Wheatland Memorial Healthcare Financial Assistance

## You May Qualify for Financial Assistance

*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.

### FINANCIAL APPLICATION

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.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET OR PO	CITY	STATE	ZIP	PHONE

NAME	DOB	NAME	DOB
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

**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.**

Applications available at WMH Business Office or Online at [www.wheatlandmemorial.org](http://www.wheatlandmemorial.org)

SOURCE	SELF	SPOUSE	OTHER	TOTAL
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.				
<b>Total Income</b>				

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

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

Name (Print)

Signature

Date

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		



Wheatland  
Memorial  
Healthcare

Quality Healthcare Close to Home

# Financial Assistance Application



\* OPTIONAL

**Have you heard about the Montana CHIP Program for children?** Yes or No

**Would you like more information about that program?** Yes or No

## 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 payments, 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 credit union 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-for those individuals who need help paying their bill. The process requires completing a financial application and is dependant on household income and family size. You maybe eligible for some assistance.