



"Friends Healing Friends"

## FALLON MEDICAL COMPLEX

PO Box 820  
202 South 4<sup>th</sup> Street West  
Baker, MT 59313-0820  
(406) 778-3331  
FAX (406) 778-2488  
[www.fallonmedical.org](http://www.fallonmedical.org)

### PATIENT CARE FINANCIAL ASSISTANCE Plain Language Summary

Fallon Medical Complex is committed to providing access to emergency and medically necessary healthcare services to patients who are uninsured or have a need for financial assistance.

#### ***What is financial assistance?***

Financial Assistance is a program to provide free or discounted emergency or medically necessary care at Fallon Medical Complex (FMC). To be eligible, patients must have family incomes at or below the Federal Poverty Guidelines. Assistance may be available in other limited situations, depending on circumstances.

Our program is designed to provide assistance to responsible parties who do not have the financial ability to pay for their medical services.

If your income is below 250% of the current Guidelines (which are updated annually), you may qualify for a write off of all or a percentage of your account. A financial assistance discount is only available on medically necessary services.

#### ***How do I request financial assistance?***

Patients may apply for financial assistance by completing a Financial Assistance Application. The full policy and applications are available at [www.fallonmedical.org](http://www.fallonmedical.org), or at the FMC Business Office Admissions Desk, or FMC ER. Patients may also receive free copies by mail, by calling 406-778-3331.

#### ***What do I need to provide along with my request for financial assistance?***

Return the application completed in its entirety along with:

- Copies of three most recent pay stubs for each wage earner in household.
- Copy of your most recent complete tax return, including all schedules.
- Three months of all bank account statements
- A statement detailing your need for financial assistance, including a detail of other medical bills owed

#### ***What should I expect?***

Your application will be reviewed and a decision will be communicated to you within 30 days. All information will remain confidential.

A patient qualifying for financial assistance under FMC's policy will not be charged more than the amounts generally billed by FMC for the same services to patients who have insurance covering such care.

#### ***Where do I send my application?***

Completed applications should be submitted via mail or in person to:

Fallon Medical Complex  
Attn: Business Office Manger  
202 South 4<sup>th</sup> Street (in person)  
PO Box 820 (by mail)  
Baker, MT 59313

Persons seeking more information or assistance in completion of the application may contact the FMC Business Office Manager at 406-778-3331 ext 115 or the FMC Social Worker at 406-778-3331 ext 203