

**Roosevelt Medical Center**  
Financial Assistance Plan Application

PO Box 419 Culbertson, MT 59218 Phone: 406-787-6401

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE
HEALTH INSURANCE PLAN			SOCIAL SECURITY NUMBER	

**Please list all household occupants**

Name		Date of Birth		Name		Date of Birth	
Self				DEPENDENT			
				DEPENDENT			
Spouse				OTHER			
				OTHER			
DEPENDENT							
DEPENDENT							

Please use the back of the form if you need more room for other occupants of your household.

**Annual Household Income**

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, and veterans benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend, and other income				
<b>Total Income</b>				

I certify that the family / household size and income information shown above is correct. Copies of tax returns, pay stubs and other information verifying income may be required before a discount is approved.

Name (print)	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		

**Office Use Only**

Patient Name	<input type="text"/>	Discount	<input type="text"/>
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Date of Service

Approved by

**Verification Checklist (attach Copies)**

YES

NO

Identification/Address: Drivers' license, birth certificate, employment ID, social security card or other

Income: Prior year tax return, three most recent pay stubs, or other

Insurance: Insurance card(s)

Medicaid: Application made or evidence of rejection

ROOSEVELT MEDICAL CENTER  
SLIDING FEE SCHEDULE  
BASED ON FEDERAL INCOME POVERTY GUIDELINES

Poverty Level *	100%	101% to 150%		151% to 199%		200%	>200%
Discount %							
Family Size	100%**	7 5%		5 0%		25%	0%
	Maximum	Minimum	Maximum	Minimum	Maximum	Maximum	
1	\$12,880	\$12,881	\$19,320	\$19,321	\$25,759	\$25,760	\$25,761
2	\$17,420	\$17,421	\$26,130	\$26,131	\$34,839	\$34,840	\$34,841
3	\$21,960	\$21,961	\$32,940	\$32,941	\$43,919	\$43,920	\$43,921
4	\$26,500	\$26,501	\$39,750	\$39,751	\$52,999	\$53,000	\$53,001
5	\$31,040	\$31,041	\$46,560	\$46,561	\$62,079	\$62,080	\$62,081
6	\$35,580	\$35,581	\$53,370	\$53,371	\$71,159	\$71,160	\$71,161
7	\$40,120	\$40,121	\$60,180	\$60,181	\$80,239	\$80,240	\$80,241
8	\$44,600	\$44,601	\$66,900	\$66,901	\$89,199	\$89,200	\$89,201
For each additional person, add	\$4,540						

\*Based on 2021 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty>)