

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	
Spouse		DEPENDENT	
DEPENDENT		OTHER	
DEPENDENT		OTHER	

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				
Total Income				

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)

Signature

Date

Office Use Only

Patient Name

Discount

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	\$12,140	\$12,141	\$18,330	\$18,331	\$24,279	\$24,280	\$24,281
2	\$16,460	\$16,461	\$24,854	\$24,855	\$32,919	\$32,920	\$32,921
3	\$20,780	\$20,781	\$31,377	\$31,378	\$41,559	\$41,560	\$41,561
4	\$25,100	\$25,101	\$37,900	\$37,901	\$50,199	\$50,200	\$50,201
5	\$29,420	\$29,421	\$44,423	\$44,424	\$58,839	\$58,840	\$58,841
6	\$33,740	\$33,741	\$50,946	\$50,947	\$67,479	\$67,480	\$67,481
7	\$38,060	\$38,061	\$57,470	\$57,471	\$76,119	\$76,120	\$76,121
8	\$42,380	\$42,381	\$63,993	\$63,994	\$84,759	\$84,760	\$84,761
For each additional person, add	\$4,320						

*Based on 2018 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

** A Nominal fee of \$25 or less may be requested