

Financial Assistance Application

You may apply for financial assistance for you and your family if you do not have health insurance or are concerned that you may be unable to pay for all or part of your health care services. We will work with you to see if you qualify for other health insurance programs, or our Financial Assistance Program. If you qualify for financial assistance, some or all of your balances for medically necessary services may be reduced. Bozeman Health will determine if a service is medically necessary based on the Bozeman Health Financial Assistance Policy, available at BozemanHealth.org or by calling a patient financial services representative.

Required information: Please provide copies of your federal tax returns for the past three years, along with additional documentation to verify your income. This may include either your three most recent payroll wage stubs if you are a wage earner, or a current profit and loss statement if you are self-employed.

Financial Statement

Date: _____

Name: _____ SSN#: _____ Birthdate: _____

Spouse's Name: _____ SSN#: _____ Birthdate: _____

Home Phone: _____ Alternative Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Your Employer: _____ Phone: _____

Employer Address: _____

Spouse's Employer: _____ Phone: _____

Your Net Monthly "take home" Income: _____

Spouse Net Monthly "take home" Income: _____

Other Income: _____

Dependent Name	Date of Birth	SSN#

Without the above listed items, your application could be denied as incomplete.

Please return this signed application and the above-listed items within 30 days. We will notify you in writing of our decision within 30 days of receiving a complete application. You have the right to appeal our determination. As a nonprofit organization, Bozeman Health is deeply committed to providing medically necessary health care to all, regardless of financial ability to pay. Bozeman Health has a variety of payment options available, including our Financial Assistance Program.

Patient Notification: All reasonable efforts will be made to notify a patient regarding the availability of financial assistance under this policy by:

1. Attempting to determine whether a patient has third-party coverage for any part of the emergency or medically necessary health care service provided.
 - a. If a patient does not have third-party coverage, a patient advocate from the First Source program will screen all inpatient cases and any outpatient cases exceeding \$1,000 in total charges to determine if the patient qualifies for third-party funding.
 - b. If a patient does not have or qualify for third-party funding the patient advocate will explain the Financial Assistance Policy, provide an application for financial assistance, and assist with completing the application, if desired.

To be considered for financial assistance, you must supply the following:

- ☐ Completed and signed application form.
- ☐ **Federal income tax returns from the last THREE years and other documentation.** If you do not have a copy you may request one from the local **IRS office** by calling them at 800-829-1040.
- ☐ **Income verification: Copies of earning statements for the applicant and his or her spouse for the LAST THREE MONTHS (pay stubs).** Other items for verification include Social Security retirement benefit letter, unemployment letter, disability determination letter, child support letter or federal student aid letter.

Financial Assistance Policy
Plain Language Summary

Bozeman Health is committed to providing access to emergency and medically necessary health care services for patients who are uninsured or have limited insurance available.

Generally speaking, to be eligible for discounted charges, patients must have family incomes under 400% of the federal poverty guidelines. To be eligible for free care, patients must have family incomes at or below the federal poverty guidelines.

Financial assistance also may be available in other limited circumstances, depending on the size of the patient's medical bills and whether the patient meets certain other criteria for eligibility.

Patients may apply for financial assistance by completing a financial assistance application. Copies of the financial assistance application, as well as Bozeman Health's Financial Assistance Policy, are available at **BozemanHealth.org**. Patients may also apply for financial assistance through their MyChart account.

Patients may receive free copies of the financial assistance application and the policies by mail, by calling 406-414-1015 or in person at the Bozeman Health Deaconess Regional Medical Center Emergency Department, at Bozeman Health Patient Registration areas or at the Bozeman Health Patient Financial Services (PFS) Customer Service Department, 1600 Ellis Street (across Highland Boulevard from the hospital in the Legacy building).

The financial assistance application and the Financial Assistance Policy (as well as this plain-language summary) are available in both English and Spanish.

Please submit your completed financial assistance application to:

Bozeman Health
Attn: Patient Financial Services Customer Service
1600 Ellis Street, Third Floor
Bozeman, MT 59715

Applications may be delivered in person to Patient Financial Services customer service, 1600 Ellis Street, Third Floor, Bozeman, MT 59715 (across Highland Boulevard from the hospital in the Legacy building). You may also email us your completed application to: collectionsspecialist@bozemanhealth.org.

Persons seeking more information or needing assistance in completing the financial assistance application may contact Bozeman Health at 406-414-1720.

A patient qualifying for financial assistance under Bozeman Health's Financial Assistance Policy with respect to emergency or medically necessary healthcare services will not be charged more than the amounts generally billed by Bozeman Health for the same services to patients who have insurance covering such care.

Monthly Expenses

Housing Expenses: _____ Transportation: _____

Food: _____ Medical: _____

Utilities: _____ Other Miscellaneous: _____

Insurance: _____

Creditors

Name and address	Total Balance	Monthly Payments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Other Assets and Value (stocks, land, trusts, etc.)**Bank Accounts**

Institution: _____

Balance in Savings: _____ Balance in Checking: _____

Please complete all of the information and return to:

Bozeman Health Patient Financial Services
1600 Ellis Street, Third Floor
Bozeman, MT 59715

I certify that the information I provided is true and correct to the best of my knowledge.

Date: _____

Signature: _____ Spouse Signature: _____

[illegible]

Date: _____

Signature: _____ Spouse Signature: _____

Providers at Bozeman Health Covered by the Bozeman Health Financial Assistance Policy

- **Bozeman Health Deaconess Regional Medical Center Departments and Clinics**

- Audiology Clinic (*some exclusions apply*)
- Behavioral Health
- Cancer Center
- Cardiology Clinic
- Cottonwood Clinic
- Diabetes, Endocrinology and Nutrition Center
- Ear, Nose & Throat Clinic
- Endocrinology Clinic
- Family Medicine Clinic at Belgrade Clinic
- Family Medicine Clinic
- GI Clinic
- Home Oxygen
- Hospitalists
- Infectious Disease
- Internal Medicine Clinic
- Maternal-Fetal Medicine
- Neonatology
- Nephrology Clinic
- Neuroscience Center
- Ophthalmology Clinic
- Pain Clinic
- Palliative Care Consultants
- Pediatric Clinic
- Pediatric Clinic at Belgrade Clinic
- Pulmonary Medicine Clinic
- Rheumatology Clinic
- Diagnostic Sleep Center
- Sleep Medicine Clinic
- Surgery Clinic
- Tele-Psychiatry
- University of Utah – remote EEG reads (adult and pediatric)
- Urology Clinic
- Pediatric Specialty Clinic
- Vein & Surgical Clinic
- Women's Specialists Clinic
- Wound Clinic and Hyperbaric Medicine
- Yellowstone Pathology Institute

Big Sky Medical Center Departments and Clinics

- Family Medicine Clinic

- **Bozeman Health Deaconess Regional Medical Center Emergency Services and Providers**
 - **Bozeman Health Deaconess Regional Medical Center Physical Therapy & Sports Medicine at the Ridge**
 - **Bozeman Health Deaconess Regional Medical Center Physical Therapy & Sports Medicine at Belgrade Clinic**
 - **Bozeman Health Deaconess Regional Medical Center Pediatric Therapy, Physical, Occupational and Speech Therapy at 1600 Ellis Street**
 - **Bozeman Health Deaconess Regional Medical Center Same Day Surgery Center**
 - **Bozeman Health Deaconess Regional Medical Center Outpatient Services at North 19th**
 - **Bozeman Health Deaconess Regional Medical Center, Urgent Care & Convenient Care**
 - **Bozeman Health Deaconess Regional Medical Center Lab at Belgrade Clinic**
 - **Bozeman Health Deaconess Regional Medical Center Radiology at Belgrade Clinic**
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Providers / Entities that are NOT Covered by the Bozeman Health Financial Assistance Policy

- Advanced Medical Imaging
 - Allergy & Asthma Consultants of Montana
 - Alpine Orthopedics & Sports Medicine
 - Big Sky Dermatology
 - Big Sky Oral/Facial Surgery
 - Billings Clinic Bozeman OB/GYN
 - Billings Clinic
 - Bozeman Clinic
 - Bozeman Foot & Ankle Clinic
 - Bozeman Health Medical Spa
 - Bozeman Outpatient Surgery Center
 - Bozeman Podiatry Clinic
 - Bozeman Sport & Spine
 - Bridger Children's Dentistry
 - Bridger ENT
 - Bridger Orthopedic & Sports Medicine
 - Children's Dental Health
 - CHP Bozeman Medical Clinic
 - David A. Koeplin, MD
 - Direct Radiology
 - Family Allergy & Asthma Care of Montana
 - Gallatin Mental Health Center
 - Gallatin Valley Anesthesia Associates
 - Gallatin Valley Maxillo Facial & Aesthetic Surgery
 - Gallatin Valley Pediatric Dentistry
 - Intercity Radiology
 - Medical Eye Specialists
 - Mint Dental Studio
 - Montana Children's Specialists
 - Montana Retina Consultants
 - Montana Skin Cancer and Dermatology Center PC
 - Nova Women's Health & Wellness
 - Peckinpugh Oculoplastic Surgery
 - Psychology Services
 - Pure Dermatology
 - Rocky Mountain ENT
 - Rocky Mountain Surgical Center
 - Seattle Children's Cardiology of Montana
 - Shodair Children's Hospital
 - SpecialtyCare, Inc.
 - St. Peter's Cancer Treatment Center
 - SVPN Pediatric Clinic
 - The Children's Hospital
 - Treasure State Orthotics & Prosthetics
 - University of Utah Comprehensive Stroke Ctr
 - University of Utah Healthcare Burn Ctr
 - University of Utah-Tele-Neurology
 - Vance Thompson Vision
- Ambulance - Air/Ground**
- Airamedic
 - ALERT Air Transport
 - American Aerovac, Inc.
 - American Medical Response- (AMR)
 - Angel Medflight
 - Bismarck Air Medical
 - Bozeman Fire Department
 - Central Valley Fire Department
 - HELP Flight
 - Life Flight
 - Mercy Flight
 - Montana Medical Transport
 - REACH Air Ambulance

*All cosmetic surgeries, experimental & investigational services.

**This list is current as of July 25, 2025 and is subject to change.

Questions should be directed to Patient Financial Services at 406-414-1720.

Bozeman Health Deaconess Regional Medical Center **Bozeman Health Big Sky Medical Center** **Amounts Generally Billed (AGB) Information Sheet**

AGB Percentage

Deaconess Regional Medical Center & Big Sky Medical Center's AGB percentage is 47.3% of gross charges for inpatient and outpatient services.

This percentage is based on all claims allowed for Bozeman Health's emergency and other medically necessary inpatient and outpatient services by Medicare, Medicaid and private payers over a 12-month period divided by the associated gross charges for those claims.

LOOK-BACK PERIOD

The 12 month look-back measurement period currently in effect is:

- **July 1, 2024 to June 20, 2025**

This AGB will be applied starting as of October 1, 2025, and will continue through September 30, 2026.