

Patient Financial Assistance Application
Madison Valley Medical Center and Rural Health Clinic

Madison Valley Medical Center and Rural Health Clinic (MVMC) provides, within the limits of its resources, medical care regardless of race, religion, age, sex or ability to pay.

Financial assistance is available based upon ability to pay.

Ability to pay is determined based upon published Federal Poverty Guidelines (FPG). For individuals or families with income at or below the FPG, 100% discount may be available. Discounts up to 20% are available for individuals and families with income up to 250% of the FPG income level. FPG guidelines are updated in February of each year.

Qualification for financial assistance from MVMC is determined from an application completed by the patient or responsible guarantor. A completed application with required documentation will be promptly reviewed by the Patient Business Service personnel of MVMC. The applicant will be notified in writing of their eligibility status. Any special considerations will be taken into account on a case by case basis.

The following services are not subject to financial assistance:

- Cosmetic Services
- Elective Services
- Birth control pills or other contraceptive devices
- Diagnostic testing or services received at other facilities
- Non-Diagnostic testing not required for medical purposes
- Professional fees or services charged by providers that are not billed by MVMC

To determine if you might qualify for financial assistance, please refer to the MVMC assistance qualification matrix. Find your family size in the first column and your annual family income in that row. The discount you may be eligible for is found at the top of the column in which your annual income is found. For example, a family of four with an annual income of \$42,000 could qualify for a 50% discount on their portion of the qualifying service charges at MVMC.

To apply for financial assistance, please complete the attached application and include the appropriate proof of income documentation. If you need help in completing the application process, a member of our Patient Business Service staff will be glad to assist you.

All approved applications are subject to update and review every six months.

Please include the following applicable documentation with your application:

- Copy of your most recent filed federal income tax return
- Current year to date pay records or written verification of wages from your employer
- Social Security Income, including SSI payments for dependents
- Child support payments received for current year
- Any evidence of public assistance or denial of public assistance
- Evidence of any unemployment or worker’s compensation payments received in current year

Madison Valley Medical Center and Rural Health Clinic offer assistance to patients that would otherwise be unable to obtain medical care due to financial hardship through our Financial Assistance Program.

All assistance is based on total income and family size. *A family unit is defined as legally married persons and dependent minor children or as dependents listed on a federal income tax return.*

You must fill out an application and supply all necessary documents to be considered for this program. MVMC must be provided enough documentation to determine if your family income falls within the FPGs as well as rule out any other government assistance programs. If approved, the program lasts for a six-month period; after which, a patient must reapply with updated financial information.

To be eligible, you must first exhaust all possible insurance coverage, Medicare, Medicaid or any third-party payment sources. The Financial Assistance program can be used with or without an insurance program if you are not eligible for one.

2021 POVERTY GUIDELINES

Family Size	100%	90%	80%	70%	MCAID EXP.	60%	50%	40%	30%	20%
1	\$12,880	\$14,812	\$16,100	\$17,388	\$17,774	\$19,320	\$22,540	\$23,828	\$25,760	\$32,200
2	\$17,420	\$20,033	\$21,775	\$23,517	\$24,040	\$26,130	\$30,485	\$32,227	\$34,840	\$43,550
3	\$21,960	\$25,254	\$27,450	\$29,646	\$30,305	\$32,940	\$38,430	\$40,626	\$43,920	\$54,900
4	\$26,500	\$30,475	\$33,125	\$35,775	\$36,570	\$39,750	\$46,375	\$49,025	\$53,000	\$66,250
5	\$31,040	\$35,696	\$38,800	\$41,904	\$42,835	\$46,560	\$54,320	\$57,424	\$62,080	\$77,600
6	\$35,580	\$40,917	\$44,475	\$48,033	\$49,100	\$53,370	\$62,265	\$65,823	\$71,160	\$88,950
7	\$40,120	\$46,138	\$50,150	\$54,162	\$55,366	\$60,180	\$70,210	\$74,222	\$80,240	\$100,300
8	\$44,660	\$51,359	\$55,825	\$60,291	\$61,631	\$66,990	\$78,155	\$82,621	\$89,320	\$111,650
For Family Units of more than 8 members, add \$4,540 for each additional member.										
%FPG	100%	115%	125%	135%	138%	150%	175%	185%	200%	250%

FINANCIAL ASSISTANCE APPLICATION

Family / Patient's Name _____ Date _____ Tel # _____
Address: _____ City _____ State _____
Employers name and address: _____
Social Security Number _____/_____/_____ Total number in household: _____

List all members of your immediate family living in your household. Please include their date of birth.

1. _____ DOB _____ 2. _____ DOB _____
3. _____ DOB _____ 4. _____ DOB _____
5. _____ DOB _____ 6. _____ DOB _____

List all sources of monthly income:

Employment and tips \$ _____ Unemployment compensation \$ _____
Child Support \$ _____ Alimony \$ _____
Pension \$ _____ Social Security \$ _____
Other \$ _____ Total Gross Income \$ _____

MVMC must verify your total household income in order to qualify you for our financial assistance program. One or more of the following document types may be required for this purpose:

- Most recent year's tax return
- W-2 Withholding Statements
- Proof of recent IRA/401K/Pension Status
- Pay Stubs for the last month
- Proof of Unemployment
- Proof of Disability

Other documentation may be required or accepted based on household financial circumstances and approval of MVMC Business Office Representative.

By affixing my signature below, I _____, attest that the information given above is a true representation of my financial situation. I acknowledge that verification in writing may be required.

Applicant or Family Representative

Date

*Any questions regarding the MVMC Financial Assistance Program may be directed to the Patient Business Service Staff at 406-682-6602 or pt.financial.svc@mvmedcenter.org.