



SUMMARY OF FINANCIAL ASSISTANCE POLICY

Liberty Medical Center has an extensive Financial Assistance Policy. We offer financial assistance for emergency and medically necessary services provided and billed through Liberty Medical Center. A list of the providers can be found at www.libertymedicalcenter.org. Locum medical providers providing care in the clinic or hospital will be covered under this policy. This assistance, ranging from a reduction in the amount of the balance outstanding up to complete forgiveness of the balance outstanding, is provided to patients demonstrating financial need and meeting the eligibility criteria of the policy.

The assistance is provided on a sliding scale discount based upon verifiable total household income as a percentage of the federal poverty level (FPL) guideline. Please reference the following table:

Annual Family Income	Minimum Discount
100% or less FPL	100%
101-125%	80%
126-150%	60%
151-175%	40%
176-199%	20%
200% or above FPL	0%

Exceptional financial circumstances: If your total household income exceeds the maximum 200% percent of the FPL, yet you have supplied additional documentation to support the hardship your medical condition has caused for you and your family, you will be considered on a case by case basis for assistance.

Notification of availability of our Policy. Every effort will be made to identify patients needing assistance as early as possible. Liberty Medical Center will widely publicize the program through (1) signs at registration areas in our hospital and clinic, (2) policy, summary, and application available at the LMC website, (3) patient billing statements, (4) brochures and other informational materials provided to the patient and family, and (5) healthcare providers and staff identifying patients with potential financial need.

Services covered by a financial assistance application. An approved Financial Assistance application will cover charges for emergency and medically necessary care provided and billed through Liberty Medical Center. For patients (or guarantors) who are deemed qualified for partial financial assistance, Liberty Medical Center (or its external accounts receivable or collection agencies if the patient account has been referred to collections) will submit a bill to the patient or guarantor reflecting the discount for the partial financial assistance. In these cases, the amount accepted for payment for emergency or other medically necessary care will not exceed the amount Liberty Medical Center accepts as “payment in full” for the same services provided to patients who are insured by third party payers (including Medicare, Medicaid and all private health insurers). We may consider charges for services provided after our date of approval for up to six months without requiring a new application to be completed.

Extraordinary collection activities: Liberty Medical Center will not engage in extraordinary collection activities, such as lawsuits or garnishments, before making reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

How to obtain a free application and/or copy of our policy.

You may obtain an application and/or a copy of our policy by visiting our website at www.libertymedicalcenter.org if you do not have access to the Internet, you may contact Krista Cook, Patient Financial Assistance 406-759-5181 EXT. 5959. Hard copies may also be obtain at all registration desks located at 315 W Madison and 418 West Monroe.

How to apply for Financial Assistance

Complete the application in full to receive consideration for financial assistance. If your financial situation meets the criteria set forth by Liberty Medical Center, part or all of your account balance may be forgiven.

The right to apply for financial assistance consideration begins on the date of service and extends through the 240th day after the first billing statement is sent to the patient or guarantor. However, patients and guarantors are encouraged to submit their Financial Assistance Application as soon as possible.

In order to process this application we require:

1. The enclosed form completed in its entirety
2. Provide proof of all income (i.e. the last 2 paystubs for each wage earner, SS, SSI, SSDI, Public Assistance, Retirement, Pension, VA Benefits, Unemployment Compensation, Workers Compensation, Child Support, Alimony or other)
3. Copy of your most recent tax return including all applicable schedules
 - a. If self-employed, please include schedule C
 - b. If farmer please, include Schedule F
4. If your most recent tax return is not available, then we need one of the following:
 - a. Social Security Awards Letter
 - b. Proof of non-filing from the IRS
5. Proof of Third Party Coverage Status or Eligibility (including Medicare or Medicaid)

We realize that your income from previous tax records may not adequately reflect your current circumstances. If so, please attach a brief note that describes you current financial situation.

Once we have reviewed you application, we will notify you of our decision in writing within 30 days of receipt of a completed application. If you wish to discuss your account or have any questions, please contact Patient Financial Services at 406-759-5181 ext. 5959. Our business hours are Monday through Friday from 8:00 am to 5:00 pm.

Please respond to this request for information within 30 days. You can return the completed application to our office in person, via fax at 406-759-5799 or mail to Liberty Medical Center, PO Box 705, Chester, MT 59522.