



Financial Assistance Policy Plain Language Summary

Frances Mahon Deaconess Hospital is committed to providing access to emergency and medically necessary healthcare service to all patients. No one will be denied access to emergency and medically necessary healthcare services based on an inability to pay.

Financial Assistance is a discount on a patient's bill or free care based on a patient's income and their assets and debts. To be eligible for discounted charges, patients must have family income under 240% of the Federal Poverty Guidelines. To be eligible for free care, patients must have incomes at or below 140% of 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.

Patients may apply for financial assistance or an extended payment plan of up to 24 months by completing a Financial Assistance Application (which includes the form and supporting documentation).

Patients may complete the Financial Assistance Application and submit all supporting documentation online at: <https://www.fmdh.org/patients-visitor-information/financial-resources/>

Patients may receive free copies of the Financial Assistance Application and the policy

- 1) by calling 406-228-3633 or 406-228-3620 to request a copy be mailed
- 2) in person at FMDH in the Emergency Room, all registration areas, in the Patient Financial Services Department or with the Financial Counselor.

Completed Financial Assistance Applications should be submitted to:

Frances Mahon Deaconess Hospital
Attn: Financial Counselor
621 3rd Street S.
Glasgow, MT 59230

Applications may be delivered in person to

- 1) the Financial Counselor office at FMDH, 621 3rd Street S., Glasgow, MT 59230
- 2) the Patient Financial Rep located in the Patient Financial Services office at FMDH

For questions or help in completing the Financial Assistance Application, contact the FMDH Financial Counselor at 406-228-3633 or Patient Financial Rep at 406-228-3620. The Financial Assistance Application and the Financial Assistance Policy (as well as this plain-language summary) are available in English.

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