Financial Assistance Policy – Plain Language Summary - Montana

In keeping with our mission and core values, Providence and our family of organizations help patients who may not be able to pay all or part of their medical bills. This includes people without health insurance, and those who do have insurance but are unable to pay their out-of-pocket costs. We offer:

- Free or low-cost care for those who qualify, including discounts for those without insurance.
- Assistance in finding health coverage, such as government and community programs (including Medicaid and Veterans Affairs benefits).
- Interest-free, long-term payment plans for any balance not covered by insurance or Providence Financial Assistance.

Eligibility

Roughly three out of four people who apply for financial assistance at Providence receive support, covering up to 100% of the costs of their care. Patients can apply at any time before, during, or after their care. Generally, patients with a family income at or below 400% of the Federal Poverty Level will be eligible for a discount. Approval is based on their family household size and gross monthly income. Our Financial Assistance Policy contains additional information about how eligibility is determined.

What Services Are Covered?

- Emergency and medically necessary care, including current and certain past accounts.
- If approved, financial assistance is effective up to 1 year.
- Services performed by non-Providence employed providers will bill separately and may or may not accept Providence approved Financial Assistance. Reaching out directly to your provider's office is the best way to determine if they participate. You may also find a list of participating providers at providence.org/financialhelp.
- If you receive financial assistance under our policy, you will not be charged more for emergency or other medically necessary care than the amount generally billed (AGB) to patients who have insurance covering the same care, which is detailed in the Financial Assistance Policy.

How to Apply

- You must complete an application and provide supporting documentation as described in the Financial Assistance Policy and the Financial Assistance Application.

Contact for Information and Assistance

To obtain copies of the Financial Assistance Policy and Financial Assistance Application, for additional information, and for assistance with the application process at no cost, please contact:

- Online at providence.org/financialhelp for an application, policy, and additional information
- Speak with a Financial Counselor at 1-855-229-6466, Monday–Friday, 7 a.m. to 5:30 p.m. pacific time

- Written requests can be sent to Providence, Attn: Financial Assistance, P.O. Box 31001-3422, Pasadena, CA, USA, 91110-3422.
- In person at the registration desk at any Providence hospital listed below:

Providence Montana:

Providence St Patrick Hospital, 500 W Broadway St, MT 59802

Providence St Joseph Medical Center, 6 13th Ave East,Polson, MT 59860

Or at any Providence or affiliate Clinic.

Translations of the Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are available in multiple languages online or by request.