MARIAS MEDICAL CENTER
640 Park Avenue • PO Box 915 • Shelby, MT 59474
406-434-3245

Application for Hill-Burton Assistance

Name: Last	First	M.I.

Address: Street	City / State	Zip code

Social Security Number	Home Phone	Employer

People living in Household:

Name	**Age**

Attach additional paper if necessary Family Size _____

Gross Income: **Last 3 months**

Patient's Income	
Other Household Income	
Total Household Income	

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the facility the amount recovered for my service. If any information I have given proves to be untrue, I understand that the facility may reevaluate my financial status and take whatever action is appropriate.

Date of Request	Applicant's Signature

ELIGIBILITY DETERMINATION (To be completed by the facility)

Date Application Received_____ Income Verified: ☐ Yes ☐ No

Applicant is approved_____ or conditionally approved_____ for care at no charge under Categorie A of the Poverty Guidelines.

Amount provided as uncompensated services is $_____.
Conditions(s) if applicable:

The applicant's request for Hill-Burton uncompensated services has been denied for the following reason(s):

☐ Income too high
☐ Medicare/Medicaid applicant approved
☐ Proof of income not supplied
☐ Medicare/Medicaid denial proof not supplied

Date Applicant Notified _____ Approved by _____

Date last updated:_____

NOTICE OF HILL-BURTON COMPLIANCE

Marias Medical Center was partially constructed with money from the Federal Hill-Burton Program. To comply with the program regulations, this facility shall provided uncompensated medical care to persons whose income levels are with in the following guidelines effective July 1, 2017:

SIZE OF FAMILY	*UP TO*	*GREATER THAN*	*UP TO*	*GREATER THAN*	*UP TO*
1	$ 12,060	$ 12,060	$ 15,075	$ 15,075	$ 18,090
2	16,240	16,240	20,300	20,300	24,360
3	20,420	20,420	25,525	25,525	30,630
4	24,600	24,600	30,750	30,750	36,900
5	28,780	28,780	35,975	35,975	43,170
6	32,960	32,960	41,200	41,200	49,440
7	37,140	37,140	46,425	46,425	55,710
8	41,320	41,320	51,650	51,650	61,980

ADD PER MEMBER $4,160

PATIENT PERCENTAGE SHARE	0%	25%	50%

If your income is below these guidelines and you have no other third party payer, you must first apply for government assistance such as Medicaid. You must provide written verification of your denial for government assistance before qualifying for the Hill-Burton uncompensated care program at Marais Medical Center.

If you think you may be eligible for uncompensated services, you may request them at the business office or call 406-434-3245. Marias Medical Center will make a written conditional or final determination of your eligibility for uncompensated services as follows: for requests made prior to discharge or prior to receipt of outpatient services, within 2 working days following the request; for requests made after discharge or after receipt of outpatient services, no later than the end of the first full billing cycle following the request.

The Marias Medical Center of Shelby, Montana, will make available these funds from July 1, 2017 through June 30, 2018, Hill-Burton Uncompensated Services. All services of the facility will be available to eligible persons who are unable to pay. Eligibility for free care and/or discounts will be limited to persons whose family income is is not more than scale above. Such scale is based upon current Federal poverty guidelines. This notice is published in accordance with 42 CFR 124.504 Notice of Availability of Uncompensated Services. We invite interested parties to comment on this allocation plan.