



COMMUNITY HOSPITAL OF ANACONDA

401 West Pennsylvania • Anaconda, Montana 59711 •

Phone: 406/563-8500 • Fax: 406/563-8565

Financial Assistance Application

To be considered for financial assistance, you MUST provide the following:

1. The completed and signed application
2. Copy of your most current Federal Tax Return
3. Verification of income for the past 2 months to validate household income (2 months paystubs, bank statements.)
4. Supporting documentation of all forms of income (Social Security, unemployment benefits, public assistance, child support, etc.)

Please mail or drop off application and all supporting documentation to:

**Community Hospital of Anaconda
Attn: Patient Access
401 W. Pennsylvania
Anaconda, MT 59711**

Community Hospital of Anaconda is able to consider reduced patient payments based on individual financial need. In order for us to consider your request, this packet must be completed and returned within thirty (30) days. Your signature authorizes Community Hospital of Anaconda to verify information provided in this financial statement. Financial assistance is available only after all other forms of reimbursement (health insurance, Medicaid, or third-party insurance) have been exhausted.

Financial Assistance Application

Name: _____ DOB: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Message Phone: _____

Family Size

Total number of persons living in household:			
	Name	Relationship	DOB
Guarantor/Patient			
Spouse			
Child			
Child			
Child			
Child			
Child			
Other Family Member			
Other Family Member			

Income (Monthly)

	Person 1	Person 2	Person 3	Grand Total
Gross Wages/Salary				
*Employer Name				
*Position				
*Start Date				
Unemployment				
Public Assistance				
Social Security				
Retirement/Pension				
VA Benefits				
Workers Comp				
Child Support				
Other				
Other				
Combined Total				

I am requesting monthly payments in the amount of \$_____.

Please use this space to explain if you cannot provide the requested documents or if you expect changes in income or other circumstances. Also, if you have no income,

