**Who Can Apply**

MVMC will provide emergency and medical necessary healthcare services free to those who have tried all other payment options and have a household income at or below 250% of the current Year’s Federal Poverty Guidelines (see chart), and have submitted a properly completed application for financial assistance.

Patient Financial Service Representatives are available to help complete the application for financial assistance.

Financial assistance may also be available in other limited circumstances, depending on the size of the patients’ medical bills and whether the patient meets certain other criteria for eligibility.

**How to Apply**

Patients seeking financial assistance may apply by completing a Financial Assistance Application.

Free copies are available from clinic registration, or online at [www.mvmc.org](http://www.mvmc.org). Patients may also request free copies by mail or by calling 406-547-3321 or may obtain a free copy in person at MVMC Business Office:

* Mountainview Medical Center

16 West Main Street

White Sulphur Springs, MT 59645

Completed Financial Assistance Applications and required supporting materials may be submitted by hand delivering or mailing to the Business Office at the address shown above.

Persons seeking more information in completing the Financial Assistance Application may contact the Business Office at 406-547-3321 and ask for Kelsy.

A patient qualifying for financial assistance under MVMC’s Financial Assistance Policy will not be charged more than the amounts generally billed by the Hospital for the same services to individuals who have insurance covering such care.

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| **2023 Federal Poverty Level** | |
| ***Persons in Family/Household*** | ***250% Federal Poverty Guideline***  ***100% Discount*** |
| 1 | $36,450 |
| 2 | $49,300 |
| 3 | $62,150 |
| 4 | $75,000 |
| 5 | $87,850 |
| 6 | $100,700 |
| 7 | $113,550 |
| 8\*  **\*** Add $12,850 for each additional person above 8 household occupants | $126,400 |