

The Rehabilitation Hospital of Montana: Plain Language Summary for Financial Assistance/Charity Care

The Rehabilitation Hospital of Montana operates a 34 bed Inpatient Rehab Facility in partnership with Billings Clinic, St Vincent Healthcare and Kindred Healthcare. When someone in need of healthcare cannot pay for services in one of our hospitals, we offer financial assistance. Individuals in need of emergency care will not be denied treatment of care if they do not have insurance or unable to pay.

Eligibility

- Available to individuals and families who are uninsured or underinsured, (Financially Indigent) whose annual income is equal or less than 200% of the Federal Poverty Guidelines (updated annually).
- Available to individuals (Medically Indigent), whose earnings are between 200% and 400% of the Federal Poverty Guidelines, who are capable for paying their living expenses, but who's medical and hospital bills after third party payers would require use or liquidation of income and or assets critical to living and earning.

How can you apply for financial help for medical care at our hospital?

Request an Application Form

For more Information, contact
The Rehabilitation Hospital of Montana
406-413-6200
www.rehabhospitalofmontana.com

The Financial Assistance Policy/Charity Policy, Financial Assistance Applications are available upon request

- Call The Rehabilitation Hospital of Montana 406-413-6200
- By electronic mail
- By Mail
- Download the application form at:
www.rehabhospitalofmontana.com
- Ask for the application form from one of the following departments or areas in the hospital;
 - Registration or Admission
 - Case Management

Return the completed application form to Registration/Admission personnel or Case Management Representative

Please be sure to provide us with verification of your income, which may include, but is not limited to the following:

- Earning status and potential of the patient and family (pay subs, copy of the most recent filed tax return with W-2, W-2G or 1099-R)
- Other sources of income and assets (including retirement income, award letters, etc.
- Level and type of liabilities – (Bank statements)
- Ability to obtain additional credit
- Amount and frequency of hospital/medical bills
- Family size

All information supplied is kept confidential. All information on your completed application form and included documentation is only shared with individuals directly involved in determining your eligibility for financial assistance/charity care.

What action will we do after you submit your completed application form?

The Rehabilitation Hospital of Montana reviews your completed application form and documentation.

All submitted paperwork is reviewed and verified to meet eligibility requirements

A final determination of your eligibility will be notified via mail and remain on file for 1 year

Once eligibility for financial assistance has been established; the hospital will not charge patients who are eligible more than the amounts generally billed (AGB) for medically necessary care; for patients who have a household income at or below 400 % of the Federal Poverty Guidelines may receive free or discounted care.

Presumptive Eligibility—insufficient information to support financial assistance/charity care eligibility

- Patient is homeless
- Patient is eligible for state or local assistance programs
- Patient is deceased and without an estate
- Patient Files for bankruptcy
- Patient received care from a community clinic primarily serving an uninsured population and is appropriately referred to RHOM for Care

Presumptive care limitations, the hospital will inform the patient determined to be eligible for less than 100% assistance on the basis of determination and the way to apply for more generous assistance

What you need to know if you qualify for financial assistance with your hospital medical bills?

Financial assistance only applies towards incurred treatments and services provided by Rehab Hospital of MT. You will need to make separate arrangements with physicians and other providers

Charges for Services

Rehabilitation Hospital of Montana is committed to making its patients aware of estimated charges for the medical care they receive during their stay. The estimate are subject to change based in the individual need and services ordered by your physician and may be different than your original medical estimate.