



Financial Assistance Application Checklist

Please include all of the required documents with your application to avoid any delay in processing. If you have applied for **Financial Assistance** in the past, you must submit new and current documentation with your application. We cannot use information from your previous applications.

- Sign and date the application** – Signature required for co-applicant.
- Income/Wages** - Three (3) months of pay stubs. Current Social Security Benefits Letter, Unemployment Benefits Letter, Spousal Support documents, and Child Support documents.
- Public Assistance Letter** – Current SNAP, LIEAP, and Big Sky RX
- Tax Returns** - Current tax returns, all pages. Federal and State returns required. Include all schedules and pages.
- Bank Statements**- Three (3) full month's current bank statements, both personal and business accounts for patient and co-applicant.
- Self Employed** - Federal and State tax returns including current Profit and Loss, Balance Sheet and Cash Flow statement for two (2) years. If the business has been in existence for less than two (2) years, statements for the period of existence must be provided.
- Health Share** - Please submit your eligibility and Explanation of Sharing for each visit.

If additional information and/or documentation are required, we will contact you in writing and you will have 30 days to provide the documentation requested. If the documentation is not received within those 30 days your application will be denied.

During the financial review process you are required to establish a payment plan with Patient Accounts at (406) 609-0818.

Once your application has been reviewed, you will receive notice by mail from the Financial Clearance Department with your final financial assistance determination. Please contact the Financial Clearance Department for questions regarding your application, (406) 752-1767, Monday through Friday or via email at rffinancialadvisors@logan.org

Sincerely,

Financial Clearance Department