



Mountrail County Medical Center
P.O. Box 399
Stanley, ND 58784-0399
Phone: (701) 628-2424 Fax: (701) 628-3390

APPLICATION FOR PAYMENT REDUCTION/ FINANCIAL ASSISTANCE

Applicant's Name _____ Phone # _____

Date of Birth _____ Social Security # _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Previous Address, if less than 3 years _____

Marital Status: _____ Married _____ Unmarried

Name & Address of nearest relative not living with you: _____

Employment Status: _____ Retired _____ Full Time _____ Part Time _____ Unemployed

Employer Name _____ Address _____

Phone # _____ Title/Position _____

How long employed: _____ How often paid _____

Take home salary per month _____

Previous Employer Name and Address _____

AMOUNT REQUESTED FOR PAYMENT REDUCTION/CHARITY CARE

HOSPITAL \$ _____ CLINIC \$ _____

AMOUNT YOU ESTIMATE YOU SHOULD BE ABLE TO PAY ON YOUR ACCOUNT:

HOSPITAL \$ _____ CLINIC \$ _____

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Determination of Eligibility for Payment Reduction/Sliding Fee Scale

Income: a. Reported income for last 3 mo. \$ _____ X 4 = \$ _____
b. Reported income for last year \$ _____ Verified Yes: _____ No: _____
Means of verification (specific documentation): _____

(attach any pertinent documentation)

Total Requested: Clinic: \$ _____ Hospital: \$ _____

Eligibility: Clinic: No-pay: _____
Hospital: No-pay: _____

Ineligible: _____ Reason: _____

Services: Have been delivered: _____ Date(s): _____
Will be delivered: _____ Date(s): _____

Comments: _____

Date(s) Reviewed: _____

Reviewer Signature: _____

Administrative Approval: _____
Signature Date

Date applicant was provided with determination: _____

1. To qualify for the Mountrail County Medical Center Financial Assistance Program, the following must be met:
 - a. A ratio is developed by dividing the individual's income by the Federal Poverty Guidelines.

**2018 Poverty Guidelines for 48 Contiguous States
and the District of Columbia**

Persons in Family	Poverty Guideline	250% Of the Federal Poverty Guideline
1	\$12,140	\$30,350
2	\$16,460	\$41,150
3	\$20,780	\$51,950
4	\$25,100	\$62,750
5	\$29,420	\$73,550
6	\$33,740	\$84,350
7	\$38,060	\$95,150
8	\$42,380	\$105,950

- a. The ratio is matched to the following chart, to determine amount eligible for financial assistance.

Ratio	Assistance Percentage
0% - 250%	100%
251%-Over	0%