



Financial assistance is available to qualifying uninsured and underinsured patients receiving care at Mountrail County Medical Center. If you are uninsured, you will receive a discount of 20 percent if you call and notify the facility. If you receive a medical service your insurance does not cover, you may receive a discount like the discount received by uninsured patients. If you enter into a pre-negotiated agreement with MCMC for payment of services, you will not qualify for financial assistance under this policy.

If you are a North Dakota resident, as defined in the Mountrail County Medical Center Financial Assistance Policy, and receive care via emergency department, direct admission from a physician's office, or transfer from another hospital, you may be eligible to receive financial assistance if paying your medical bills is a financial hardship and you apply. If you meet the Federal Poverty Level (FPL) criteria below, you may be eligible for financial assistance up to the full amount of your medical bill

2025 Poverty Guidelines for 48 Contiguous States & the District of Columbia

Person in Family	Poverty Guideline	200% of the Federal Poverty Guideline
1	\$15,650	\$31,300
2	\$21,150	\$42,300
3	\$26,650	\$53,300
4	\$32,150	\$64,300
5	\$37,650	\$75,300
6	\$43,150	\$86,300
7	\$48,650	\$97,300
8	\$54,150	\$108,300

The ratio is matched to the following chart, to determine the amount of eligibility for financial assistance.

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

No patient approved for financial assistance due to financial hardship will be charged more than the amounts generally billed to patients who have insurance coverage for similar care provided at Mountrail County Medical Center.

A **complete financial assistance** application must include all required attachments and information to be considered. Mountrail County Medical Center may determine that you qualify for additional assistance and aid you in the completion of an application for the state assistance programs including Medicaid. If financial assistance is approved, you will receive written notification.

Please submit the following documentation to process your application: A copy of last year's tax return, a copy of last four pay stubs, and three current bank statements, two (2) forms of valid identification; one must be a photo ID, and at least two (2) forms of proof of residency; must have applicant's full name and physical address.

To learn more about available financial assistance or the application process, please contact us at 701-628-2424 or seek assistance at the registration desk at Mountrail County Medical Center