

FINANCIAL ASSISTANCE POLICY

SUMMARY

The mission of Kalispell Regional Healthcare (KRH) is to improve health comfort, and life. In furtherance of this mission, KRH, it's affiliated hospitals Kalispell Regional Medical Center and the HealthCenter, Northwest Orthopedics & Sports Medicine, and their employed physicians and other healthcare services providers, provide financial assistance to patients who qualify for assistance.

Eligibility requirements

All patients are eligible to apply for financial assistance, including those with insurance and health benefits plan coverage. Established guidelines are used to determine what amount of a patient's bill for emergency care and medically necessary care, if any, will qualify for financial assistance. The financial assistance discount applies only to the amount the patient is personally responsible for paying.

The amount of financial assistance is a discount percentage determined on a sliding scale. Generally, patients with family income at or below 200% of the Federal Poverty Guidelines (FPG) will receive a 100% discount. Patients with family incomes ranging from greater than 200% up to 400% of FPG are eligible for a sliding scale discount up to 100% based on the number of household members.

If a patient's financial circumstances do not satisfy the criteria for assistance under the policy discount guidelines, a patient may still be able to obtain financial assistance. In these situations, KRH Patient Account Representatives will review the patient's situation and make a determination on the patient's eligibility for other financial assistance. This may include seeking Medicaid coverage, for example.

A patient may apply for financial assistance at any time up to 240 days after the first bill is sent for an episode of care. Even if no application is filed, KRH may be able to determine if a patient is eligible for a certain level of assistance. Each patient's situation will be evaluated according to that patient's relevant circumstances, such as family income, assets and other resources available to the patient or patient's family and the amount the patient is personally responsible to pay.

How to Apply for Financial Assistance

Free copies of the Financial Assistance Policy and the Financial Assistance Policy Application can be obtained through any of these sources:

In person: At a check-in desk in the hospital or a KRH provider's clinic

Over the phone: (406) 756-4408

Online: www.krh.org/krhc/pay-bill/financial-assistance-program

*By mail: Patient Business Services
310 Sunnyview Lane
Kalispell, MT 59901
Attn: Financial Assistance Application*

There is no assurance a patient will qualify for financial assistance or a certain level of assistance. KRH will not take certain collection efforts (called extraordinary collection efforts) before KRH has made reasonable efforts to determine if a patient is eligible for financial assistance.

Charges for Emergency or Medically Necessary Care

A patient who qualifies for financial assistance will always pay less than amounts generally billed to patients having insurance, health plan coverage, or Medicare for emergency care or other medically necessary care. This will also be less than the gross charges for the services before any adjustments are made for deductions, contractual agreements, or discounts.