

# NORTHERN MONTANA HOSPITAL FINANCIAL ASSISTANCE REQUIREMENTS

The following items are required from **ALL** people living in your household. Please submit copies, as items will not be returned. **All items must be present or an explanation of why the item is not included before the application is considered complete.**

1. Complete last three (3) months of paystubs.  
**Document if you do not have paystubs, are not working, or if there is any gaps in pay periods. Please include explanation.**
2. Copy of most current federal income tax returns for both Federal and State.  
**Document in letter if you did not file and why.**
3. Medicaid Denial Letter  
Have you applied for Medicaid? Y or N? (Please Circle One)  
Age 65 and older  
Blind  
Disabled (Approved or Pending through Social Security Admin.)  
Pregnant  
Dependent child under age 19 in the home

***Please read through this application carefully, we will not accept your application until it is complete.*** Please return application and all required items within **30 days**.

All other payment sources must be exhausted, which include Medicaid, Medicare, Indian Health Service, or any other Health Insurance coverage.

You will be notified by mail when a decision is made as to the status of your application.

**Should you have any questions please call 406-262-1708.**