

# **BIG SANDY MEDICAL CENTER, INC.**

166 Montana Avenue East, P. O. Box 530

Big Sandy, Montana 59520-0530

Business Phone 406-378-2188

FAX 406-378-2180

## **NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE** **(SLIDING FEE SCHEDULE)**

**Big Sandy Medical Center (BSMC)** will provide financial assistance to persons who are unable to pay for medical services and who meet the sliding fee schedule policy guidelines. *An account in bad debt collections will not be considered for the sliding fee scale without administrative approval.* **A minimum payment of \$10 is required before any discount is applied.** Those meeting policy guidelines will be considered for reduced cost in accordance with the schedule below. This sliding fee scale applies only to clinic services, not for hospital or nursing home services. Individuals eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically-necessary care

	<b>Minimum Fee (\$10.00)</b>	<b>25% Pay</b>	<b>50% Pay</b>	<b>75% Pay</b>	<b>100% Pay</b>
<b>Family Size</b>					
1	\$12140	\$16146	\$20152	\$24280	\$24401
2	\$16460	\$21892	\$27324	\$32920	\$33085
3	\$20780	\$27637	\$34495	\$41560	\$41768
4	\$25100	\$33383	\$41666	\$50200	\$50451
5	\$29420	\$39129	\$48837	\$58840	\$59134
6	\$33740	\$44874	\$56008	\$67480	\$67817
7	\$38060	\$50620	\$63180	\$76120	\$76501
8	\$42380	\$56365	\$70351	\$84760	\$85184
<b>Patient Payment = BSMC Charges x appropriate payment percentage.</b>					
<b>Poverty Level</b>	100%	133%	166%	200%	201%

Patients seeking consideration for charity care may apply by completing a Financial Assistance Application. Copies of the financial assistance policy and application are available at [www.bsmc.org](http://www.bsmc.org). Patients may also request free copies of the financial assistance policy and application by mail, by calling 406-378-2188, or may obtain free copies in person from the Clinic or Business Office located at 166 Montana Avenue East, Big Sandy, MT 59520.

Completed Financial Assistance Applications and required supporting materials may be submitted by:

- Hand delivering to the Clinic or Business Office at the address listed above.
- Mailing to Big Sandy Medical Center, Attn: Business Office P.O. Box 530 Big Sandy, MT 59520.

9/26/2016