

**BIGFORK VALLEY HOSPITAL
COMMUNITY CARE PROGRAM
FINANCIAL ASSISTANCE SUMMARY**

Get help with your medical bill:

Bigfork Valley's financial assistance program was established to assist patients who do not have the ability to pay for services received. If a patient/guarantor meets the guidelines, the total bill or a portion of the charges may be covered. To be considered for assistance, an application must be filled out and returned with the requested information.

You may qualify for discounted care, financial assistance or benefit from setting up a payment plan. Each family's situation is considered based on income, family size, assets and other criteria.

An application may be requested in person at the business office, by phone or by mail.

Business Office 218-743-3177 or 866-743-3177

**Bigfork Valley Hospital
Attn: Business Office
PO Box 258
Bigfork, MN 56628**

BIGFORK VALLEY COMMUNITY CARE APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Employer: _____

Occupation: _____

Spouse: _____

Spouse Employer: _____

Spouse Occupation: _____

Number of dependents: _____

Monthly Income:	Yourself	Spouse
Wages	_____	_____
Self-Employment	_____	_____
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment	_____	_____
Worker's Comp	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Pension's	_____	_____
Any other income	_____	_____

I affirm the above information is true and correct to the best of my knowledge.

Guarantor Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

REQUIRED INFORMATION – (COPIES ONLY)

- **Proof of income; ex: 3 months of wage stubs, unemployment benefits, social security benefits letter, work comp benefits**
- **Last income tax statement**
- **W-2's**
- **Last 3 months of bank statements, checking and savings**
- **Medical Assistance denial notification or be on Medical Assistance**
- **Sliding Fee Scale eligibility or denial**

Return completed application form and all required information to:

**Bigfork Valley Hospital
Attn: Business Office
PO BOX 258
Bigfork, MN 56628**