Ruby Valley Medical Center – Sheridan, MT	CODE NUMBER: 2.514
Effective Date:9/14/26	SECTION: Finance and Accounting
Revision Date: 11/9/26	SUBJECT: Financial Assistance Policy
Review Date: 9/14/26, 11/9/26	APPROVED BY: Policy Committee

I. PURPOSE

RVMC is committed to providing access to medically necessary healthcare services regardless of a patient's ability to pay. The purpose of this Financial Assistance Policy ("FAP") is to establish eligibility criteria and procedures for providing financial assistance to patients who are uninsured, underinsured, or experiencing financial hardship.

RVMC will not deny emergency or medically necessary services due to a patient's inability to pay.

II. POLICY

Financial assistance is available to eligible patients receiving medically necessary services at RVMC. Financial assistance may be provided through the Charity Care Program or the Sliding Fee Discount Program.

RVMC will administer this policy in a fair, consistent, and non-discriminatory manner and in compliance with applicable federal and state requirements, including Internal Revenue Code Section 501(r).

III. SERVICES COVERED

This policy applies to emergency and medically necessary healthcare services provided by RVMC and participating providers.

This policy generally does not apply to:

- Cosmetic or elective procedures not medically necessary;
- Services excluded by participating provider agreements;
- Services provided by non-participating providers;
- Services covered by alternative funding sources that the patient declines to pursue.

IV. ELIGIBILITY

Financial assistance eligibility is based on income and family size only.

RVMC uses U.S. Census Bureau definitions when determining family composition and household income.

Income Definition

Income includes income from all adult family members in the household from all sources, including but not limited to:

- Gross wages and salary
- Tips
- Social Security benefits
- Disability income
- Pension income
- Annuities
- Veteran’s benefits
- Net business or self-employment income
- Alimony
- Child support
- Military compensation
- Unemployment compensation
- Public assistance
- Any other form of income

V. INCOME VERIFICATION

Applicants must provide documentation sufficient to verify family income and household size.

Acceptable documentation may include:

- Prior year W-2 form;
- Prior year federal income tax return showing gross annual income;
- Two most recent pay stubs;
- Employer verification letter;
- IRS Form 4506-T if a tax return was not filed; or
- Other documentation acceptable to RVMC.

Self-employed applicants may be required to provide detailed income and expense documentation for the most recent three months of business activity.

Adequate information must be provided to determine eligibility for financial assistance.

VI. CHARITY CARE AND SLIDING FEE DISCOUNT PROGRAM

Financial assistance is determined according to the current RVMC Sliding Fee Discount Schedule, which is based on household income and family size.

Category A -

Patients whose household income falls within Category A qualify for a 100% discount of eligible charges.

Patients approved for Category A may be charged a nominal fee of $15.00 per clinic visit.

However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and is not a minimum fee, deductible, or co-payment.

Category B -

Patients whose household income falls within Category B qualify for 50% discount of eligible charges. Patients approved for Category B may be assessed a nominal fee of $30 per clinic visit.

Category C

Patients whose household income falls within Category C are responsible for 100% of charges.

Financial Assistance Eligibility Schedule

Family Size	Category A	Category B	Category C
1	$0 - $31,920	$31,921 - $39,900	$39,901 and over
2	$0 - $43,280	$43,281 - $48,690	$48,691 and over
3	$0 - $54,640	$54,641 - $68,300	$68,301 and over
4	$0 - $66,000	$66,001 - $82,500	$82,501 and over
5	$0 - $77,360	$77,361 - $96,700	$96,701 and over
6	$0 - $88,720	$88,721 - $110,900	$110,901 and over
7	$0 - $100,080	$100,081 - $125,100	$125,101 and over
8	$0 - $111,440	$111,441 - $139,300	$139,301 and over
9	$0 - $122,800	$122,801 - $153,500	$153,501 and over
10	$0 - $134,160	$134,161 - $167,700	$167,701 and over

For families larger than ten persons, eligibility will be determined using the most current Federal Poverty Guidelines.

The Discount Schedule will be reviewed annually and updated during the first quarter of each calendar year using the latest Federal Poverty Guidelines published by the U.S. Department of Health and Human Services.

VII. APPLICATION PROCESS

Applications for financial assistance may be obtained:

- At patient registration locations;
- From Patient Financial Services;
- By mail upon request; or
- Through the RVMC website.

Completed applications and supporting documentation must be submitted to Patient Financial Services for review.

RVMC may request additional information necessary to determine eligibility.

VIII. AMOUNTS GENERALLY BILLED (AGB)

Patients eligible for financial assistance under this policy will not be charged more than the Amounts Generally Billed (AGB) to individuals who have insurance covering similar services.

RVMC calculates AGB in accordance with Internal Revenue Code Section 501(r).

IX. BILLING AND COLLECTIONS

Ruby Valley Medical Center is committed to working with patients to resolve outstanding balances in a fair and respectful manner.

An initial billing statement is issued following insurance payment processing or, for self-pay accounts, following the date of service. Additional statements are issued on a regular basis to provide patients the opportunity to resolve outstanding balances.

Patients who are unable to pay their balance in full may contact Patient Financial Services to establish a monthly payment plan or discuss available extended payment options, including participation in approved payment programs.

Accounts are managed internally whenever possible. If payment is not received and acceptable payment arrangements have not been established, the account may be referred to an external collection agency in accordance with the RVMC Billing and Collection Policy.

Prior to referral to a collection agency, RVMC will make reasonable efforts to determine whether the patient is eligible for financial assistance under this policy.

Information regarding financial assistance is made available through registration materials, billing statements, public notices, and the RVMC website.

X. PARTICIPATING PROVIDERS

The following providers providing services at RVMC participate in the Financial Assistance Program:

Provider	Credentials
Bartoletti, Louis	MD
Bartoletti, Jade	DNP
Braaksma, Amy	DNP
Buck, Nikki	FNP
Christensen, Paula	FNP
Dewey, Kelly	DO
Hartsfield, Chris	FNP
Kerins, Alec	MD
Meyer, Katherine	DC
Svingen, Jessica	DO
Tetrault, Katherine	PA-C
Thergesen, Dayna	PNP
Weitzel, Judy	MHPNP
Voegeli, Cynthia	NP
Church, Elizabeth	NP
Rigdon, Scott	CRNA
Albrecht, Carlos	MD
Harrell, Taylor	CRNA
Perry, Stephen	CRNA
Simmons, Jessica	CRNA
D'Amour, Carla	CRNA
Wittekind, Samuel (echocardiogram interpretations)	MD
Weindling, Steven (echocardiogram interpretations)	MD

XI. NON-PARTICIPATING PROVIDERS

Providers EXCLUDED from the RVMC Financial Assistance Program:

Provider	Credentials
Albrecht, Carlos(except echocardiogram interpretation)	MD
Inland Imaging	
Yellowstone Pathology	
Jennings, Peter	DPM
Florence, Aaron	DO
Rowe, Robyn	BC-HAD
Nelson, Brook	MD

XII. PUBLIC NOTIFICATION

RVMC will widely publicize this policy by:

- Posting notices in patient registration and waiting areas;
- Making the Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary available free of charge;
- Including information regarding financial assistance on patient billing statements;

- Posting current documents on the RVMC website; and
- Providing information regarding financial assistance during the registration process.

XIII. CONFIDENTIALITY

Information obtained during the financial assistance application process will be treated as confidential and used only for determining eligibility for assistance and administering the Financial Assistance Program, except as otherwise required by law.

ASSOCIATED MATERIALS

Plain Language Summary of Financial Assistance Policy

REFERENCES

ASPE Poverty Guidelines
https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

This policy shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors, by Centers for Medicare and Medicaid Service (CMS)s, Department of Health and Human Services (HHS), Federal and State law and regulations, and applicable accrediting and reviewing organizations.