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

PUPROSE

A financial assistance program is available to help ease the financial burden for those who qualify based on family size and income.

PROCEDURE

The following steps need to be taken to apply for this assistance:

1. All other payment sources must be exhausted, including insurances and Medicaid.
2. The patient must request applications from the business office or registration. Patients must complete separate applications for the Ruby Valley Medical Center and the Rural Health Clinics but a single set of income verification documents will suffice for both applications.
3. The completed application should be submitted accompanied by proof of income.
4. The financial assistance committee then has 30 days to review the application, make a determination and respond to the patient in writing. A patient will qualify for 0-100% discount on their bill, depending on family size and income. The discounts are based on the federal poverty guidelines for the current year. (See Current guidelines on ASPE website)
5. If the patient has a balance remaining, a payment plan will be set up.
6. All information relating to the application for financial assistance will be kept confidential.
7. For more detailed information, please reference the Plain Language Financial Assistance Summary.

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.