RVMC

RUBY VALLEY MEDICAL CENTER

Plain Language Summary of Financial Assistance Policy

We Are Here to Help

RVMC provides financial assistance to patients who need help paying for medically necessary healthcare services. Financial assistance is available to eligible patients regardless of their ability to pay. RVMC will not deny emergency or medically necessary services due to an inability to pay.

Who May Qualify?

You may qualify for financial assistance if your household income falls within the income guidelines established by RVMC and you provide documentation of household income and family size.

How Do I Apply?

A Financial Assistance Application can be obtained:

- In person at the registration desk at our Sheridan location 321 Madison Street, Sheridan MT or our Twin Bridges location 207 N Main street, Twin Bridges, MT.
- By calling 406-842-5453 (Sheridan) or 406-684-5546 (Twin Bridges)
- By mail upon request
- On the RVMC website

Completed applications should be submitted to Patient Financial Services along with supporting income documentation.

Documents You May Need

Examples of documentation include:

- Federal income tax return
- W-2 form
- Recent pay stubs
- Employer verification letter
- Other proof of household income

Additional documentation may be requested if necessary to determine eligibility.

Financial Assistance Available

RVMC offers assistance based on family size and annual household income.

Category A

Patients approved under Category A receive a 100% discount on eligible charges and are responsible for a $15 clinic visit fee.

Category B

Patients approved under Category B are responsible for a $30 clinic visit fee and 50% discount on eligible charges.

Category C

Patients who do not qualify for financial assistance are responsible for applicable 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

A patient qualifying for financial assistance under the Ruby Valley Medical Center's Financial Assistance Policy will not be charged more than the amounts generally billed by the hospital for the same services to individuals who have insurance covering such care.

Need Help?

For questions about financial assistance or help with completing an application, contact the RVMC Business Office: 406-842-5453 ex: 3209 or the Patient Financial Counselor at 406-842-5453 ex: 1005