

***81 Airport Road Glasgow, MT 59230***

***Phone: 406-228-4687***

***Emergency: 800-992-7828 / 406-228-3522***

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***www.nemtstatair.com***

FINANCIAL ASSISTANCE / PAYMENT OPTIONS

STAT air does offer financial assistance discount on the patient’s bill based on income and assets minus debts. To apply you must fill out a Financial Assistance and Extended Payment Plan application.

* The financial assistance discount applies only to the amount you are personally responsible for paying.
* Patients with family incomes ranging from greater than 200% - 400% of the Federal Poverty Guidelines are eligible for a sliding scale discount up to 100% based on the number of household members.
* You may apply for financial assistance at any time up to 240 days after the first bill is sent.
* Each patient’s situation will be evaluated according to that patient’s relevant circumstances, such as family income, assets and other resources available to the patient or patient’s family, and the amount the patient is personally responsible to pay.
* We offer a monthly payment plan for up to 24 months without an application. To extend payments beyond 24 months, please fill out this application.

APPLICATION CHECKLIST

**Proof of Income:**

* Paystub or proof of other monthly income sources for the last 90 days. This could include social security income, pension benefit, etc…
* A complete copy of your most recent tax return including all schedules
* If you are claimed on another tax return, please provide that return as well.
* Any information that may be necessary to qualify such as financial statements used for operating notes.

**Fill in all fields**

**Sign and date application** (return within 10 days)

**Return to:**  NE MT STAT Air

81 Airport Road

Glasgow, MT 59230

**Financial Assistance & Extended Payment Plan Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Head of Household:** |  | **Date of Birth:** | \_\_\_/\_\_\_/\_\_\_\_\_ | **Social Security Number:** |  |
| **Spouse/Partner** |  | **Date of Birth:** | \_\_\_/\_\_\_/\_\_\_\_\_ | **Social Security Number:** |  |
| **Mailing Address:** | (Include City, State and Zip Code) | | | | |
| **Physical Address:** | (If different than Mailing Address) | | | | |
| **Telephone**  **Cell:** |  | **Telephone**  **Home:** |  | | |
| **Marital Status:** | Married Single Divorced Widowed (circle one) | | | | |
| **Employer:** |  | **Years**  **Months** |  | | |
| **Spouse Employer** |  | **Years**  **Months** |  | | |
| **Disabled?** | No Yes | **Applied for Disability** | Date: \_\_\_/\_\_\_/\_\_\_\_ | | |
| **Dependents (please list first and last name):** | | | | | |
| NAME: |  | Age  Relationship: |  | | |
| NAME: |  | Age  Relationship: |  | | |
| NAME: |  | Age  Relationship: |  | | |
| NAME: |  | Age  Relationship: |  | | |
| NAME: |  | Age  Relationship: |  | | |
| NAME: |  | Age  Relationship: |  | | |

**ASSETS and DEBTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Home** (if owned) | Estimated Value: | Amount Owing: | |
| **Vehicles:** | | | |
| Year: | Make/Model: | Estimated Value: | Amount Owing: |
| Year: | Make/Model: | Estimated Value: | Amount Owing: |
| Year: | Make/Model: | Estimated Value: | Amount Owing: |
| **RV / Boat / Motorcycle / Trailers / Other** | | | |
| Year: | Make/Model: | Estimated Value: | Amount Owing: |
| Year: | Make/Model: | Estimated Value: | Amount Owing: |
| Year: | Make/Model: | Estimated Value: | Amount Owing: |
| **Other Loans (Student Loans, Operating Loans, etc.):** | | | |
| Type: | | Amount Owed: | |
| Type: | | Amount Owed: | |
| Type: | | Amount Owed: | |
| **Checking Account:** | Balance: | Bank or  Institution: | |
| **Savings Account:** | Balance: | Bank or  Institution: | |
| **Investments: (Please list any Stocks, Mutual Funds, Mineral Rights, IRAs, CDs, Rental Property, 401K, etc.)** | | | |
| 1. | | Value: $ | |
| 2. | | Value: $ | |
| 3. | | Value: $ | |
| 4. | | Value: $ | |
| 5. | | Value: $ | |
| **Any Settlement Pending?** Yes No | | **Any Inheritance Pending?** Yes No | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Monthly Expenses** | | **Monthly Income (proof of income required)** | |
| Rent or House Payment | $ | Employment (Gross Wages) | $ |
| Car Payments (total) | $ | Part-Time Jobs (Gross Wages) | $ |
| RV/Boat/ Motorcycle/Other (total) | $ | Social Security | $ |
| Student Loan Payment | $ | Social Security Disability | $ |
| Other Loan Payment | $ | Disability Pension | $ |
| Food | $ | Veteran Pension | $ |
| Electricity / Gas | $ | Retirement (all sources) | $ |
| Phone/Cell Phone / Internet | $ | Unemployment Compensation | $ |
| Pharmacy / Drugs | $ | Workers Compensation | $ |
| Water / Sewer | $ | Union Benefits | $ |
| Cable/ Satellite TV | $ | Inheritance | $ |
| Insurance | | Public Assistance (TANF) | $ |
| Auto | $ | Snap (Food Stamps) | $ |
| Health | $ | Alimony / Child Support | $ |
| Life | $ | Rents/ Royalties | $ |
| Property | $ | Savings Interest Income | $ |
| Car Expense / Gas | $ | Investment Income | $ |
| Child Care | $ | Other | $ |
| Child Support / Alimony | $ | Other | $ |
| Other | $ | Total: | $ |
| Collections:  Owing: | $ Payment: | \* If you are claiming no income, how are you paying for living expenses? | |
| Credit Cards:  Owing: | $ Payment: |
| Doctor Name:  Owing: | $ Payment: |
| Dentist Name:  Owing: | $ Payment: |
| Hospital Name:  Owing | $ Payment: |
| Total: | $ |

**Health Insurance**

|  |  |  |
| --- | --- | --- |
| **Do you have or expect to have health insurance?** | Yes | Start Date: |
| No | Please explain: |
| For more information on health insurance, go to HealthCare.gov or call 1-800-318-2596 | | |
| Would you like more information about the Healthy Montana (HMK) program? Yes No | | |

**Annual Income**

(Actual amount of your discount may also depend on the value of your assets minus your debts)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family**  **Size** | **Discount**  **Scale Effective 07/01/2018** | | | | | | | |
| 100% | 90% | 80% | 70% | 60% | 50% | 40% | 30% |
| **1** | $16,996 | $18,210 | $19,424 | $20,638 | $21,852 | $23,066 | $24,280 | $29,136 |
| **2** | $23,044 | $24,690 | $26,336 | $27,982 | $29,628 | $31,274 | $32,920 | $39,504 |
| **3** | $29,092 | $31,170 | $33,248 | $35,326 | $37,404 | $39,482 | $41,560 | $49,872 |
| **4** | $35,140 | $37,650 | $40,160 | $42,670 | $45,180 | $47,690 | $50,200 | $60,240 |
| **5** | $41,188 | $44,130 | $47,072 | $50,014 | $52,956 | $55,898 | $58,840 | $70,608 |
| **6** | $47,236 | $50,610 | $53,984 | $57,358 | $60,732 | $64,106 | $67,480 | $80,976 |
| **7** | $53,284 | $57,090 | $60,896 | $64,702 | $68,508 | $72,314 | $76,120 | $91,344 |
| **8** | $59,332 | $63,570 | $67,808 | $72,046 | $76,284 | $80,522 | $84,760 | $101,712 |
| **9** | $65,380 | $70,050 | $74,720 | $79,390 | $84,060 | $88,730 | $93,400 | $112,080 |

**How to Plan for Unexpected Illness and Injury**

At Northeast Montana STAT Air Ambulance, we understand that life is unpredictable. When it comes to dealing with illness and injury, get the help you need. Getting help can be tough, and that’s ok. Get the important paperwork done. It can be a long process, but taking care of that paperwork now will give you and your loved ones more time together if you’re ever faced with an illness or injury. If you and/or a family member are already living with a chronic illness or serious injury, start working through the checklist below as soon as you can.

* Understand the payments you may be entitled to
* Get help covering medical costs
* Learn about managing expenses
* Make medical plans
* Organize legal aspects
* Put plans in place for your personal wishes

**For More Information Contact**

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| --- | --- |
| **Visit our website:**  [**www.nemtstatair.com**](http://www.nemtstatair.com) | **Contact:**  **Clay Berger**  **Northeast Montana STAT Air Ambulance Cooperative**  **406-228-4687 Office**  **406-263-3671 Cell**  **406-228-4686 Fax**  [**cberger@nemtstatair.com**](mailto:cberger@nemtstatair.com) |