

Broadwater Health Center

110 North Oak Street
Townsend, Montana 59644
(406) 266-3186

Patient Financial Assistance Program

Broadwater Health Center is a non-profit hospital which provides health care and related services. Medical care is provided to all persons needing care. Our business office works with patients regarding payment arrangements whenever possible; or your account balance may be adjusted if you qualify. Enclosed is a financial statement that we ask you to complete to assist in determination of your eligibility. Proof of income must be included with the financial statement when it is returned to the business office. This includes:

1. Payroll check stubs for the last 3 months
2. Verification of eligibility for unemployment compensation
3. Notice of ineligibility from Medicaid, Insurance, CHIPS, etc.
4. Copy of latest Federal (IRS) tax return.
5. Other data necessary to determine your eligibility.

Income will be annualized based upon documentation provided by you. Seasonal employment and temporary increases and/or decreases of income and net assets will be taken into consideration.

This application, including financial statements and accompanying proof of income, must be returned to Broadwater Health Center within fourteen working days of the initial inquiry. If additional time is needed due to your medical condition, or if assistance with the financial statement is needed, contact our business office manager. Please return the completed application and information to us in the enclosed self-addressed envelope.

Broadwater Health Center will notify you in writing of the final determination of eligibility, within fourteen working days of receipt your completed application and documentation.

All information relating to the application for Patient Assistance will be kept confidential.

