



**BROADWATER HEALTH CENTER**  
110 North Oak Street • Townsend, MT 59644  
(406) 266-3186

## **Authorization Form**

### **PLEASE READ CAREFULLY**

I, \_\_\_\_\_, authorize a representative of Broadwater Health Center to obtain personal, financial or medical information from any source deemed necessary to determine an acceptable financial agreement and /or assisting me in obtaining financial assistance. In so authorizing, I release any person(s) or business from any or all liability connected with said release.

I will make application for assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my hospital expenses, and I will take any action reasonable necessary to obtain such assistance and will assign or pay to the hospital the full amount recovered.

I request that Broadwater Health Center make a written determination of my eligibility for uncompensated services at Broadwater Health Center. I understand that the information which I submit concerning my annual income and number of residents in my household is subject to verification by Broadwater Health Center. I understand that if the information which I submit is determined to be untrue, such a determination will result in a denial of financial assistance and that I will be liable for charges for services provided.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF REQUEST