



PONDERA MEDICAL CENTER

(406) 271-3211 805 Sunset Blvd. PO Box 668 Conrad MT 59425-0758
www.ponderamedical.com

Dear Applicant,

Below you will find an application for financial assistance.

It is important you fill out the form completely. Include all income for the household, including spouse, significant other, siblings, and any employed children or grandparents living with you.

To be considered, you must also apply for financial assistance at your local Department of Health and Human Services and provide us with a letter stating your determined eligibility.

Below is a list of everything we will need to determine your eligibility for financial assistance.

- Complete financial assistance application
- Copy of last years income tax return showing adjusted gross income
- Copy of most recent current year pay stub, Social Security check, or written statement from your employer verifying your current income
- Copy of eligibly status from the Department of Health and Human Services for each applicant and dependents

Please mail the completed application and other requirements to:

Pondera Medical Center
Attn Brenda Ries
PO Box 668
Conrad MT 59425

Once a determination has been made, you will receive a letter notifying you of the amount of assistance we can provide.

Sincerely,
Brenda Ries
Accounting Manager
(406) 271-3211 ext 210

Pondera Medical Center & PMC Clinic
FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

I am applying for Financial Assistance at Pondera Medical Center PMC Clinic

Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	Zip Code:
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APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:	Date of Hire:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Rate:	Hrs/week:	Annual income:
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Previous employer:	Leave Date:
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Address:	Date of Hire:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Rate:	Hrs/week:	Annual income:
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CO-APPLICANT INFORMATION

Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	Zip Code:
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CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:	Date of Hire:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Rate:	Hrs/week:	Annual income:
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Previous employer:	Leave Date:
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Address:	Date of Hire:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Rate:	Hrs/week:	Annual income:
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DEPENDENTS

Name	Social Security No	Date of Birth	Relationship
1)			
2)			
3)			
4)			
5)			
6)			
7)			
9)			

