



Pondera Medical Center

805 Sunset Blvd • PO Box 668 • Conrad MT 59425
406.271.3211 • www.ponderamedical.com

Dear Applicant,

Attached 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 year's state or federal income tax return
- 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.

Please be aware applying for financial assistance does not stop the aging of open accounts.

Sincerely,
/s/ Brenda Ries
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: _____

Current address:

City: _____ State: _____ Zip Code: _____

APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address: _____ Date of Hire: _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Rate: _____ Hrs/week: _____ Annual income: _____

Previous employer: _____ Leave Date: _____

Address: _____ Date of Hire: _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Rate: _____ Hrs/week: _____ Annual income: _____

CO-APPLICANT INFORMATION

Name:

Date of birth: _____ SSN: _____ Phone: _____

Current address:

City: _____ State: _____ Zip Code: _____

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address: _____ Date of Hire: _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Rate: _____ Hrs/week: _____ Annual income: _____

Previous employer: _____ Leave Date: _____

Address: _____ Date of Hire: _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Rate: _____ Hrs/week: _____ Annual income: _____

DEPENDENTS

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

INCOME (as listed on Federal Tax Return, line 23, Total Income)

