L'esprit
evolve. inspire. enliven.

Sliding Fee Application

You may apply for financial assistance for you and your family if you do not have health insurance or are concerned you may be unable to pay for all or part of your health care services. We will work with you to see if you qualify for other health insurance programs, or our Financial Assistance Program. If you qualify for financial assistance, some or all your balances may be reduced for medically necessary services.

Required information: Copies of the last year's Federal Tax returns and other documentation to be used to identify an applicant's income and three month of payroll wage stubs OR your current profit and loss statement for self- employed applicants.

Financial Statement

Date:_____

Name: _____ Birthdate:_____

Do you have insurance: _____

Household members: Name/Date of Birth

_____

_____

_____

_____

_____

Home Phone:_____Alternative Phone:_____

Address:_____ City:_____ State:_____Zip:_____

Your Employer: _____Phone:_____

Employer Address:_____

Spouse's Employer: _____Phone: _____

Net Monthly "take home" income: _____(patient)_____(spouse)

Other Income:_____

Without the above listed items, your application could be denied as incomplete.

Please return this signed application and the above listed items within 30 days. We will notify you in writing of our decision within 30 days of receiving a completed application. You have the right to appeal our determination. L'esprit is committed to providing medically necessary healthcare to all, regardless of financial ability to pay.

To be considered for financial assistance, you must supply the following:

☐ Completed and signed application form.

☐ **Federal Income Tax Return from the last year and other documentation to verify income**—If you do not have a copy you may request one from the local IRS Office by calling them at 800-829-1040

☐ **Income Verification – Copies of earnings statements for the applicant and his or her spouse for the LAST 3 MONTHS (pay stubs).** Other items for verification include Social Security Retirement Benefit Letter, Unemployment Letter, Disability Determination Letter, Child Support Letter, or Federal Student Aid Letter.

Please complete all the information and return to:

111 North 3RD ST Ste. 1

Livingston, MT 59047

I certify that the information I provided is true and correct to the best of my knowledge.

Date: _____

Signature:_____ Signature:_____

If you expect a change in income, health, other circumstances or cannot provide the requested information, please explain. Also, if you indicate that you have no income, please explain how you meet day-to-day expenses.

_____

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