

### **Plain Language Summary of Financial Assistance Policy**

St. Peter's Health is committed to providing access to emergency and medically necessary healthcare services to patients who are uninsured or have limited insurance available.

Generally speaking, to be eligible for discounted charges, patients must have family incomes under 350% of the Federal Poverty Guidelines. To be eligible for free care, patients must have family incomes under 275% of the Federal Poverty Guidelines.

Financial assistance also may be available in other limited circumstances, depending on the size of the patient's medical bills and whether the patient meets certain other criteria for eligibility.

Patients may apply for financial assistance by completing a Financial Assistance Application. Copies of the Financial Assistance Application, as well as St. Peter's Health's Financial Assistance Policy, are available at <https://www.sphealth.org/patient-assistance>.

Patients may also receive free copies of the Financial Assistance Application and the policies by mail, by calling 406-447-2828, or may obtain free copies in person at St. Peter's Health Regional Medical Center 2475 E Broadway, Helena, MT 59601.

Completed Financial Assistance Applications and required supporting materials may be submitted by:

- Hand-delivering to a Financial Counselor at main entrance of the address above
- Mailing to St. Peter's Health Attn: Patient Financial Services Financial Counselors, 2475 E. Broadway, Helena, MT 59601

Persons seeking more information or needing assistance in completing the Financial Assistance Application may contact one of St. Peter's Health's trained Financial Counselors at 406-447-2828.

A patient qualifying for financial assistance under St. Peter's Health's Financial Assistance Policy with respect to emergency or medically necessary healthcare services will not be charged more than the amounts generally billed by St. Peter's Health for the same services to patients who have insurance covering such care.