

NORTHEAST MONTANA HEALTH SERVICES
Policy & Procedures

Policy: Charity Care	Department Business Office Listerud Rural Health Clinic Riverside Family Clinic
Effective Date 08/03/2003	Approved By 
Revision date 12/30/2016	

POLICY:

Northeast Montana Health Services has a responsibility to the communities it serves to render care to all persons, including those who are unable to pay. This policy will assist individuals with limited financial resources and little or no health insurance receive discounted charges for health care services based on their financial situation; and provide guidelines in making a determination of those who may qualify for Charity Care.

ELIGIBILITY:

1. Charity Care will be secondary to all other financial resources available to the patient. This includes but is not limited to:
 - Group or individual medical insurance plans.
 - Medicaid, or State or County medical programs.
 - Medicare.
 - Indian Health Service eligibility.
 - Veterans Administration.
 - Workman's Compensation.
 - Third party liability (auto accidents or personal injury claims).
 - Persons or entities who have a legal responsibility to pay for medical claims.

2. Determination of eligibility of a patient for Charity Care shall be applied regardless of the source of referral and without discrimination as to race, color, creed, national origin, age, handicap status or marital status, sexual orientation.

3. Patient care which is elective, cosmetic or experimental shall not be considered eligible for Charity Care. Only necessary hospital care will be

8. A copy of the patients Charity Care application will remain on file with the Business Office.
9. Northeast Montana Health Services reserves the right to amend this policy at any time .