Financial Assistance Application
Instructions

Shodair Children's Hospital passionately dedicates itself to caring for our community, embracing everyone, regardless of their payment capabilities. Through our ShoCare Program we extend a helping hand to families facing financial challenges, aligning with our mission to heal, help, and inspire hope.

At Shodair, our compassionate approach is reflected in the clear definition of criteria for qualifying and accessing financial assistance through ShoCare, applicable to all levels of care provided. This policy ensures a fair and consistent review process for all services delivered by Shodair and its dedicated staff, including rendering providers. We understand the financial challenges you may face, and our commitment extends to offering assistance only after exploring all other reimbursement avenues, such as insurance, medical assistance, and third-party liability claims. Your well-being is our priority, and we strive to make quality care accessible to everyone.

Patients are eligible for ShoCare if their family income does not exceed 500 percent of the federal poverty level. Patients whose family income is higher than 500 percent of the federal poverty level may be eligible for a discount.

When a completed ShoCare application is received, it will be reviewed, and a final determination letter will be mailed within 14 business days. If additional documentation is needed, the patient/ guarantor will be notified. An approved application will remain active for a period of one year. Services received during this time will qualify for approved discounts.

CONFIDENTIALITY: We are committed to maintaining the confidentiality of requests, information, and funding. The information requested below is for the sole purpose of financial assistance. We do not share information with any third parties, federal or local government agencies.

INSTRUCTIONS: To apply for ShoCare, please complete the application and attach copies of the following documentation for the patient, guarantor (if different from the patient) and all adult household members of the patient:

- Driver's license or photo ID
- Tax returns, most recent W-2, unemployment statements, **or**
- Pay stubs from all employment (previous three months) **or**
- Statements of income drawn from assets (stocks, bonds, IRAs, mutual funds, etc.) **and**
- Bank statements from all bank accounts (previous three months)

Please submit a completed application with supporting documents to financialassistance@shodair.org or mail to: Shodair Children's Hospital | Financial Assistance |PO BOX 5539 | Helena | MT | 59604. You may also drop off an application to the receptionist at Shodair Children's Hospital | 2755 Colonial Drive | Helena | MT | 59601, Shodair Medical Office Building | 2620 Shodair Drive | Helena | MT | 59601, or Butte Outpatient Clinic | 711 W Silver Street | Butte | MT | 59701 Monday through Friday, 8-5pm MST.

If you have questions or need help completing this application: Our financial assistance policies, information about the program, and the application materials are available on our website or via phone. You may obtain help for any reason, including disability and language assistance. Translated written documents available upon request. Here's how to contact us: financialassistance@shodair.org or 406-444-7595 Monday-Friday 8:00 am to 5:00 pm.

Financial Assistance **Application**

[CONFIDENTIAL]

GUARANTOR INFORMATION (person responsible for payment):		
Guarantor name (first, middle, last):	Guarantor Phone Number:	
Social Security Number:	Date of Birth (MM/DD/YYYY):	Marital Status:
Mailing Address:	Mailing City, State, Zip:	
Email:		
Family Size (as defined instructions):	Account Number(s) for which you are applying for financial assistance:	
Guarantor's Employer:	Employment Status: Employed Self-employed Unemployed Student	
Employer Address:	City, State, Zip:	
Supervisor's Name:	Supervisor's Phone:	

Annual Household Income				
All household members' income must be disclosed.				
Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, Veterans' payments, survivor benefits, pension, or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, and other miscellaneous sources				
Totals				

Shodair will also consider how much other medical debt you owe in determining your ShoCare discount. Please indicate how much other medical debt you owe, not including any current account balance with Shodair: $_____

DEPENDENTS:		
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):

CERTIFICATION:

I certify that all information listed is true, correct to the best of my knowledge. I understand that the information is to be used to determine my ability to pay for services provided by Shodair Children's Hospital, and I give permission to Shodair Children's Hospital to share the information as necessary for verification and to consider my financial assistance request. I am aware that federal law provides for fines for any false statements or use of false documents in completing this application.

Signature of Guarantor:	Date:

SUBMISSION INFORMATION:

Please submit a completed application with supporting documents to financialassistance@shodair.org or mail to: Shodair Children's Hospital | Financial Assistance |PO BOX 5539 | Helena | MT | 59604. You may also drop off an application to the receptionist at Shodair Children's Hospital | 2755 Colonial Drive | Helena | MT | 59601, Shodair Medical Office Building | 2620 Shodair Drive | Helena | MT | 59601, or Butte Outpatient Clinic | 711 W Silver Street | Butte | MT | 59701 Monday through Friday, 8-5pm MST.