

Annual Household Income

Source	Self	Spouse	Total
Gross Monthly Wages, Salaries, Tips, Etc.			
Social Security, SSI, SSDI			
Alimony, Child Support, Military Family Allotments			
Public Assistance			
Business, Self-Employment, and Dependents			
Retirement or Pension			
Veterans Benefits			
Unemployment			
Rent, Interest, Dividend, and Other Income If other, please Identify:			
TOTAL INCOME			

REQUIRED DOCUMENTS (MUST ATTACH COPIES)	ATTACHED
Proof of Identification/Address: Driver's License, Birth Certificate, Employment ID, Social Security Card or Other	<input type="checkbox"/>
Proof of All Income: Last three months of pay stubs for each earner, SS, SSI, SSDI, Alimony, Child Support, Public Assistance, Retirement, Pension, VA Benefits, Unemployment, or Other	<input type="checkbox"/>
Copy of your most recent 1040 tax return including all applicable schedules: If no proof of income is available	<input type="checkbox"/>
Copy of Insurance Cards/Medicaid: Application Made or Evidence of Rejection	<input type="checkbox"/>

By signing below I certify that the information contained in this Application for Financial Assistance and the documentation which I submit is accurate, true and correct to the best of my knowledge.

NAME (PRINT)	
SIGNATURE	DATE
SPOUSE'S NAME (PRINT)	
SIGNATURE	DATE

Office Use Only

Patient Name	<input style="width: 90%;" type="text"/>	Account Number(s)	<input style="width: 90%;" type="text"/>
Discount	<input style="width: 90%;" type="text"/>	Approved By	<input style="width: 90%;" type="text"/>



McKenzie County Healthcare Systems, Inc. Financial Assistance / Sliding Fee Schedule Application Process

It is the policy of McKenzie County Healthcare Systems, Inc., to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size.

Advertisement/Patient Notice

MCHS will maintain signage in the clinic and hospital indicating our participation in the NHSC Program and availability of a sliding fee discount. This information will also be posted on the MCHS website under "About → Business Office." The application documents will also be located on this webpage; the documents will be available at all front desk access points in the MCHS system; and all initial patient statements will have the application included with the patient statement.

Process of Application

Once the application is acquired and completed by the patient, the application can be sent to our outsourced self-pay department (who will send it to the MCHS Business Office) or the patient can send it directly to:

McKenzie County Healthcare Systems
ATTN: Business Office Sliding Fee Program
709 4th Ave NE
Watford City, ND 58854
Questions: call 701-444-8606
Email: cbergstrom@mchsnd.org

At this point a staff member will contact the patient to gather required support documents (if not already included) in order to verify the information included in the application. Once complete, the application will be sent to the CFO for a determination (or to the CAO or CEO if the CFO is unavailable). Once approved, the decision will be conveyed to the relevant business office personnel who will notify the patient, adjust any existing charges, and then notify all front desk staff of the existing financial arrangement. The front desk staff will then keep a list at their stations for reference for future visits. This application process must be completed every **six months** for continued benefits.

Application of Discount

After the determination is made, the discount will apply to all services received at the clinic and/or hospital, but not those services which are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services.

Patient Portion

Per our Sliding Fee Schedule used in this process, any patient who meets the criteria for the 100% Federal Poverty Level will receive care at no charge. The charge will proportionally increase up to no discount at the > 200% of the Federal Poverty Level point (as detailed in the Sliding Fee Schedule below). The sources of income used in determining the applicable income for this calculation are indicated in the Annual Household Income table below and the criteria for the family size calculation are included in the Household Size table below.