Financial Assistance Request

Advanced Medical Management
Billing office for Intercity Radiology P.C. & Advanced Medical Imaging
1648 Ellis St., Suite 201 Bozeman, MT 59715
Phone: (406) 587-8631 Fax: (406) 587-1343 office@intercityradiology.com

YOUR ACCOUNT NUMBER WITH US:

PATIENT NAME:

PATIENT ADDRESS:

PATIENT CITY, STATE ZIP:

PATIENT PHONE #:

PATIENT SSN#:

PATIENT DATE OF BIRTH:

EMPLOYER NAME:

EMPLOYER PHONE#:

HOUSEHOLD FINANCIAL INFORMATION

MONTHLY INCOME	
TOTAL HOUSEHOLD INCOME	
UNEMPLOYMENT INCOME	
CHILD SUPPORT INCOME	
OTHER (ALIMONY, PUBLIC ASSISTANCE BENEFITS, ETC.)	
NUMBER OF FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD	
TOTAL MONTHLY INCOME	$_____

MONTHLY EXPENSES	
HOUSING (RENT,MORTGAGE)	
HOUSEHOLD EXPENSES (GAS, FOOD, UTILITY ,ETC.)	
MEDICAL EXPENSES	
OTHER EXPENSES (LOANS, CREDIT CARDS, ETC.)	
INSURANCE PREMIUMS (PAID BY YOU)	
TOTAL MONTHLY EXPENSES	$_____

Has any other hospital or medical office recently written off or discounted their bill to you? Yes No

If Yes, who gave you the discount? _____

If available please supply any of the following:

Last Years Federal Tax Return, including all schedules

Most Current Wage Stub

Unemployment Benefit Stub

I certify that the information submitted herein is true and accurate to the best of my knowledge. I understand that this application is made so Advanced Medical Management can judge my eligibility for a discount based on the financial assistance sliding scale program criteria. If any information proves to be untrue, I understand that AMM may re-evaluate my financial status and take whatever action becomes appropriate. All information provided is subject to verification, may include a credit check, or require additional information.

SIGNATURE OF PERSON REQUESTING FINANCIAL ASSISTANCE DATE

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By filling out this portion of the application we can better understand the nature of your hardship. Please state any medical, financial, or other circumstances that make it difficult to pay our bill.

Are you disabled or do you have a long term medical condition?
Yes No

Please specify:

Does this prevent employment? Yes No

Please state the nature of your hardship (attach an additional sheet if more space is required):

Revised 09/23/2020