I voluntarily request services from Bridgercare. I authorize Bridgercare to release any information necessary to process my insurance benefits to be paid directly to Bridgercare. I accept full financial responsibility for any uncovered costs based on my sliding fee assignment. I understand that I may set up a payment plan. Amounts with no payments for more than 90 days may be released to an outside agency for collection with reporting of same to credit bureaus. Essential services will not be denied for inability to pay.

Patient Signature:	D	Date:		
Do you have insurance, Medicaid or Montana Cancer Control Program coverage?	Yes	No		

Insurance coverage does NOT affect your eligibility for our discounts.

N0

I do not want to be considered for sliding fees. I understand that if I am insured, I may be left with a balance or copay. I also understand that I cannot retroactively be considered for sliding fees for this date of service. Initial here:

I wish to be considered for sliding fees. Please complete the box below.

Please fill out this box in order to be considered for reduced fees. We may request income verification. Record your income BEFORE taxes. This is your gross income. Inclusion of a spouse or co-habitating sexual partner's income is required by our Federal grant regardless of how you share expenses. Thank you!						Staff use only.		
Number of I	hous	ehold memb	pers (including yourse	lf):				
							_ per year before taxes.	
If you i	have	a 2nd job:	hrs/wk at \$	_ an hour o	• salar	y \$	per year before taxes.	
							_ per year before taxes.	
If he/she	e has	a 2nd job:	hrs/wk at \$	_an hour or	salar	y \$	_ per year before taxes.	
Other Incom	ne:	tips/comm	ission	\$		per week		
	parental support		\$		per month			
grants/stipends/scholarships		\$		per month				
		trust accou	ints	\$		per month		
		unemploy	ment/disability	\$		per month		
		child supp	ort/alimony	\$		per month		
		rental inco	me that you receive	\$		per month		
		other incom	me	\$		per month		
FEMALE I	PAT	IENTS WI	FHOUT INSURANC	E ONLY:				
		Are you a fe	emale age 19-44?		Y	Ν		PLANFIRST:
		Are you pre	gnant or seeking preg	nancy?	Y	Ν		Yes No
Are you able to get pregnant?			Y	Ν				
		Are you a U	US Citizen & a Montar	na Resident's	Y	Ν		Monthly Income:
Inc verif ne	eede	d?	Date:				Fee Scale:	
Yes N	No	Under 22	Staff Initi	als:			1 2 3 4 5	