

Financial Assistance / Sliding Fee Schedule Application

It is the policy of McKenzie Health to provide essential services to our uninsured and underinsured patients regardless of the ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return it to the business office representative to determine if you or members of your family are eligible for a discount.

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. This form must be completed every six months. Please inquire at the front desk if you have questions.

For application inquiries, please call (701) 444-8798 to speak to a Financial Counselor.

Direct website to obtain applications and billing office information:

<https://mckenziehealth.com/patient-services/billing/>

Name		Date of Birth	Social Security #	Spouse		Date of Birth	Social Security #
Address				City		State	Zip
Phone #	Employer #		Phone #	Employer #			
Employer			Employer				
Health Insurance Coverage			Health Insurance Coverage				

Please list ALL dependents living in your household (Attach an additional sheet if needed)

Last Name	First Name	MI	Date of Birth	Social Security #	Relationship to Applicant

All family members 18 years or older must disclose their available financial resources. Please include proof of assets with your application.

Assets		
	Financial Institution	Amount/Value
Checking		
Savings		
Money Market/Mutual Fund/Trust Funds/Investments, including stocks and bonds		

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 and assets: Last three months of pay stubs for each earner, SS, SSI, SSDI, Alimony, Child Support, Public Assistance, Retirement, Pension, VA Benefits, Unemployment, or Other. Provide proof of every identified asset source.	<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: 100%;" type="text"/>	Account Number(s)	<input style="width: 100%;" type="text"/>
Discount	<input style="width: 100%;" type="text"/>	Approved By	<input style="width: 100%;" type="text"/>

McKenzie Health Financial Assistance / Sliding Fee Schedule Application Process

It is the policy of McKenzie Health 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 the availability of a sliding fee discount. This information will also be posted on the McKenzie Health website under Patient Resources. The application documents will also be located on this webpage; the documents will be available at all front desk access points at McKenzie Health; and all initial patient statements will have the locations and method to obtain a financial assistance application.

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 McKenzie Health Business Office) or the patient can send it directly to:

McKenzie Health
ATTN: Business Office Sliding Fee Program
709 4th Ave NE
Watford City, ND 58854
Questions: call 701-444-8798
Email: financialcounselingteam@mchsnd.org

At this point a staff member will contact the patient to gather the required support documents (if not already included) to verify the information included in the application. Once complete, the application will be sent to the PFS Director or Revenue Cycle Director for a determination (or to the CFO or CEO if PFS Director is unavailable). Once approved, the decision will be made to the relevant business office personnel who will notify the patient, adjust any existing charges, and notify the patient of the importance of maintaining their approval letter 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.

McKenzie County Healthcare System Financial Assistance Sliding Scale Balance Reduction Program

Percentage of reduction based on income and assets

2025 FEDERAL POVERTY GUIDELINES		100%	90%	80%	70%	60%	50%	Percent of reduction percentage over poverty guidelines
BASED ON FAMILY SIZE		200%	210%	220%	230%	240%	250%	
Number in household	1	\$15,650	\$31,300	\$32,865	\$34,430	\$35,995	\$37,560	\$39,125
Number in household	2	\$21,150	\$42,300	\$44,415	\$46,530	\$48,645	\$50,760	\$52,875
Number in household	3	\$26,650	\$53,300	\$55,965	\$58,630	\$61,295	\$63,960	\$66,625
Number in household	4	\$32,150	\$64,300	\$67,515	\$70,730	\$73,945	\$77,160	\$80,375
Number in household	5	\$37,650	\$75,300	\$79,065	\$82,830	\$86,595	\$90,360	\$94,125
Number in household	6	\$43,150	\$86,300	\$90,615	\$94,930	\$99,245	\$103,560	\$107,875
Number in household	7	\$48,650	\$97,300	\$102,165	\$107,030	\$111,895	\$116,760	\$121,625
Number in household	8	\$54,150	\$108,300	\$113,715	\$119,130	\$124,545	\$129,960	\$135,375

For families/households with more than 8 persons, add \$5,500 for each additional person.