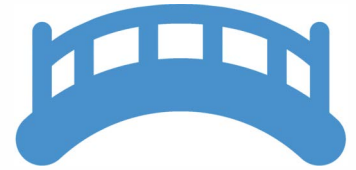




# BRIDGE FUND Application



## APPLICANT INFORMATION

Patient Needing Treatment (Full Name): \_\_\_\_\_ Age: \_\_\_\_\_

Person applying for funds, *if other than the patient* (Full Name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

## FINANCIAL INFORMATION

Net household Income: \$ \_\_\_\_\_ Monthly No. in Household: \_\_\_\_\_

Insurance Coverage (Name of Company): \_\_\_\_\_

## MEDICAL TREATMENT INFORMATION

Preferred Provider / Physician referring patient: \_\_\_\_\_

Referred to (Provider Name): \_\_\_\_\_ Specialty: \_\_\_\_\_

Required Destination (City/Facility): \_\_\_\_\_

When: \_\_\_\_\_ How: \_\_\_\_\_

Contact phone number for Specialist: \_\_\_\_\_

Date of Appointment with Specialist: \_\_\_\_\_

**! As part of the application approval process, the Foundation for Community Care staff will call to confirm appointment date and time.**

## SIDNEY HEALTH CENTER PROVIDER USE ONLY

Patient listed on this application has been referred by a Sidney Health Center provider for specialty care that is either emergent or urgent in nature and is not available at Sidney Health Center.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOUNDATION FOR COMMUNITY CARE USE ONLY

Past Recipient: Y / N If YES, When: \_\_\_\_\_ Eligible: Y / N

Appointment Confirmed: Y / N Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Received by: \_\_\_\_\_

**SEE BACK PAGE  
FOR MORE  
INFORMATION**



# Application Process



## YOUR REQUIRED STEPS

STEP 1



Complete the application form (**should be submitted no more than 30 days prior or 30 days post specialist appointment**).

NOTE: This application form **must be signed by the referring SHC provider**. In lieu of a signature, a letter or note of referral signed by the provider may be submitted. The letter or note just needs to state that the patient is being referred to specialized care and will be required to travel.

STEP 2




Please return application to:

**Foundation for Community Care**

 221 2nd Street NW Sidney, MT 59270

 406-488-2273

 Fax: 406-488-2279

## THEN, THE FOUNDATION WILL:

STEP 3



Review the documents submitted and verify the appointment.

STEP 4



Present the information to the Bridge Fund Committee for review.

STEP 5



Notify the applicant of the application's approval or denial and proceed accordingly, typically within five (5) business days.

### What is the Bridge Fund?

There are times when Sidney Health Center patients need a specialist at a larger facility for further treatment. This can be a stressful time for the family. **The Bridge Fund was created to help ease the financial burden associated with the travel costs in these circumstances.**

The fund is supported by specific designation of generous donors as well as campaigns and events conducted by the Foundation throughout the year.

**NOTE: The Bridge Fund limits one grant per family, per household, per year (per year refers to a continuous 12-month period).**

Stay updated with  
what's happening at  
the Foundation.



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