



# PUREVIEW | Health Center

PureView Health Center 1930 9<sup>th</sup> Ave., Helena, MT 59601 Phone 406-457-0000 Fax 406-457-8981  
Parker Medical Clinic PO Box 729, Hwy 200 West, Lincoln, MT 59639 Phone 406-362-4603 Fax 406-362-4590

## HCH AFFIDAVIT OF FINANCIAL STATUS

- Number of people in household \_\_\_\_\_
- Names of family members

First and Last Name	Relationship	Date of Birth	Social Security #

Please explain why you can't provide proof of financial status in the space provided below.

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My signature below authorizes the PVHC to release my financial information to St. Peter's Hospital and/or Great Divide Radiology and/or Big Sky Diagnostic Labs and/or Ortho Clinic for discounted out patient services.

I understand that I may be prosecuted under applicable state or federal laws for giving fraudulent information to obtain discounted services at the PureView Health Center.

By signing this form, I affirm that all information given is an accurate statement of income at the time of application. I agree to report any changes of circumstances.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Signature