

For more information call: 208-350-3092

Mountain Brace Systems' Financial Assistance Program



If you need help paying for your medical device or equipment provided through Mountain Brace Systems, you may be eligible for the MBS Financial Assistance Program

Mountain Brace Systems Financial Assistance Program is a discretionary program subject to the limits of available funding and prioritization of need.

MBS Financial Assistance Program is completely voluntary. MBS is committed to providing the best service to our patients, including helping in paying for necessary DME and devices. As a patient, your financial information will be maintained according to privacy/HIPPA guidelines. This information collected by MBS will not be used for any other purpose by MBS nor will the information be shared with any other entity not directly associated with determining eligibility.

We offer financial assistance to patients that meet one of the following guidelines:

- Your gross household income must be...
- You have unusually high medical costs or you've experienced a catastrophic event as defined by our policies

To find out if you qualify- please fill out the following forms and return to:

MOUNTAIN BRACE SYSTEMS
248 S Cole Rd
Boise, ID 83709

Or Fax to: (208) 901-8185

If you have further questions about MBS Financial Assistance Program or the application, please contact our financial assistance team at:

(208) 350-3092
Monday-Friday
9:00am-4:00pm

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MBS Financial Assistance Program Application

Applicant's Name: _____

Phone Number: _____

Spouse: _____

List of additional family members in household: _____

Employment status: Currently employed? YES NO Do you have a disability? YES NO

Have you applied for Medicaid? YES NO Medicaid Number: _____

-Applicant/Guardian-

Last name, first name, middle initial

Date of birth

Current Address

City, State, Zip

-Monthly Gross Income-

Salary/wages \$ _____

Alimony/child support \$ _____

Business income \$ _____

Pension/Annuities \$ _____

Social Security/SSI/Disability \$ _____

Rental Property \$ _____

Other _____ \$ _____

-Current Assets-

\$ _____

Checking Account(s) Balance

\$ _____

Savings Account(s) Balance

-Applicant's Spouse-

Last name, first name, middle initial

Date of birth

Current Address

City, State, Zip

-Monthly Gross Income-

Salary/wages \$ _____

Alimony/child support \$ _____

Business income \$ _____

Pension/Annuities \$ _____

Social Security/SSI/Disability \$ _____

Rental Property \$ _____

Other _____ \$ _____

-Current Assets-

\$ _____

Checking Account(s) Balance

\$ _____

Savings Account(s) Balance

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MBS Financial Assistance Program Application

Monthly Expenses

Monthly Payment

Mortgage/rent	\$ _____
Property Tax	\$ _____
Auto Loans	\$ _____
Car Insurance	\$ _____
Medical Insurance Premiums	\$ _____
Medication Costs	\$ _____
Alimony/Child Support	\$ _____
Credit Cards	\$ _____
Other Monthly Expenses (exp. Food, utilities, gas, phone)	\$ _____
Other	\$ _____
TOTAL MONTHLY OBLIGATIONS	\$ _____

Other financial hardship:

Financial agreement and credit report authorization

I hereby declare under penalty of perjury that all information set forth above in this application is true and accurate in all respects. I also acknowledge and agree that I am liable to Kinghorn Medical LLC, d.b.a, Mountain Brace Systems for medical goods and services that are not covered by the program. Applicant/guarantor will be notified by mail, whether application is approved or denied.

Signature of applicant/guardian

Date

Signature of applicant's spouse

Date