Purpose:

Froedtert Health, Inc. is committed to providing the community with quality health care without regard to economic status, race, color, sex, faith, or national origin of the recipient. Individuals with insufficient resources to meet their financial responsibilities may be given a Financial Assistance discount to relieve all or a portion of their obligation to make payment for services rendered at Froedtert Memorial Lutheran Hospital, Community Memorial Hospital of Menomonee Falls, and St. Joseph’s Community Hospital of West Bend. This Policy does not cover services rendered in one or more of the hospitals by any of the providers identified on Exhibit A. Financial Assistance will be provided to patients who qualify for Financial Assistance pursuant to this Policy after all available insurance and other applicable financial assistance programs have been exhausted. Eligibility for Financial Assistance will be determined in a consistent, efficient and fair manner to all applicants following the guidelines as set by the American Hospital Association and Wisconsin Hospital Association for Financial Assistance and in compliance with applicable Federal and State laws and regulations. Emergency or other medically necessary care will not be withheld or delayed on the basis of an individual’s ability to pay, nor will Froedtert Health related entities engage in any actions that discourage individuals from seeking emergency medical care.

Definitions:

A. Application Period. The “Application Period” is the period during which an individual must submit a Financial Assistance application if he/she wishes to receive Financial Assistance. This period begins on the date on which emergency or other medically necessary care is provided and ends on the 240th day after the first post-discharge billing statement for such care is provided, except as otherwise provided in this Policy.

B. Assets. Assets are cash and liquid investments, owned or legally available to an individual. Assets must be disclosed to the hospital and documented with such things as current bank statements, or recent quarterly statements for, mutual funds, stocks, bonds, and trust accounts that are not part of a 401(k) or 403(b) plan account.

C. Income.

1. Income will be determined using Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income includes both earned income and passive income received. Earned income generally represents salary and wages while passive activity income includes interest, dividends, rental income and other investment income. Income includes total annual cash receipts before taxes from all sources. Income includes, but is not limited to, gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, alimony,
veterans benefits, training stipends, military allotments, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates, and trusts. All forms of income must be disclosed as part of the Financial Assistance application. Deductions will be made from income for student loan interest, educator expenses, IRA deductions, moving expenses, penalties on early withdrawal of savings, Health Savings Account deductions, alimony paid, domestic production activities, and certain business expenses of reservists, performing artists, and fee-based government officials. The following items will be excluded from the income calculation: scholarships, awards, fellowship grants used for education (not living expenses), American Indian and Alaska Native income derived from distribution, payments, ownership interest, real property usage rights, and student financial assistance. Income may be documented by using an income verification tool purchased through an approved vendor or with such things as two recent paycheck stubs, the most recent social security award letter, prior year’s taxes, bank statements showing any direct deposit income, alimony awards, and pension income statements. Deductions from income may be documented with receipts, bank statements, and prior year's taxes and other relevant information.

2. The following will be used to document and support the income sources:
   i. Wages and salaries, as reported on your W-2 form
   ii. Tips
   iii. Net income from any self-employment or business (generally the amount of money you take in from your business minus your business expenses) as required to be documented in Schedule C of the Federal Form 1040 or 1040A
   iv. Unemployment compensation
   v. Social Security payments, including disability payments, but not Supplemental Security Income (SSI)
   vi. Alimony
   vii. Retirement or pension income, including most IRA or 401(k) withdrawals
   viii. Investment income, like dividends or interest
   ix. Rental income
   x. Other taxable income such as prizes, awards, and gambling winnings.

3. The following items will not be included as income sources for purposes of this Financial Assistance Policy:
   i. Child support
   ii. Gifts
   iii. Supplemental Security Income (SSI)
   iv. Veterans’ disability payments
   v. Workers’ compensation
vi. Proceeds from loans (like student loans, home equity loans up to the protected amount set forth above, or bank loans).

4. Patients who are supported by friends or family members may be required to submit an Attestation of Income as verification of the monthly contributions or a signed/notarized letter indicating monthly contribution amount.

D. Other Medically Necessary Care.

1. “Other medically necessary care” consists of medical services other than emergency medical care except as set forth below.

2. The following services are not considered to be emergency or other medically necessary care and thus are not covered by this Policy and the Financial Assistance program:
   i. Bariatric Surgery
   ii. Cosmetic Surgery
   iii. Investigational items or services
   iv. Corporate Wellness services
   v. Massage Therapy services
   vi. Personal Trainer services
   vii. Reproductive Medicine
   viii. Transplant Services
   ix. Driving evaluations
   x. Self pay drug screening programs
   xi. Self pay speech services
   xii. Alternative medicine services
   xiii. Other non-medically necessary services (medical care that is mainly for the convenience of the patient).

E. Patient. An individual who receives emergency or other medically necessary care. For purposes of this Policy references to “patient” shall include, where applicable, the individual acting as the guarantor of payment of the patient’s invoice for medical care.

F. Protected Assets. Household assets, including, but not limited to, cash and cash equivalents on hand, checking and savings account balances, CD’s, mutual funds, stocks, and bonds that are not part of a 401(k) or 403(b) plan account collectively totaling less than $5,000 will be protected and not considered as available assets in determining whether an individual qualifies for Financial Assistance. If an applicant has more than $5,000 of other household assets, the amount over $5,000 will not be considered protected assets and must be used towards payment of the outstanding bill(s) for emergency or other medically necessary care.
POLICY:

A. Financial Assistance. It is the policy of Froedtert Health to provide Financial Assistance to those individuals who qualify for Financial Assistance under this Policy and who:

1. Have received or will receive emergency medical care or other medically necessary care at a Froedtert Health hospital;
2. Have cooperated with the respective hospital in seeking out and applying for other potentially available financial assistance programs;
3. Have exhausted any and all insurance and/or other available financial assistance programs such as Medicaid, BadgerCare, or Copay Assistance Programs; and
4. Lack the financial resources to pay for emergency medical care or other medically necessary care rendered at a Froedtert Health hospital.
5. Patients who have insurance or other third-party sources of payment for their health care may still qualify for Financial Assistance under this Policy for the portion of the hospital bill that may be their own personal obligation to pay. Examples are deductibles and co-payments.

B. Communication of Policy to Patients.

1. Froedtert Health will notify patients of its Financial Assistance Policy. Froedtert Health will provide uninsured and underinsured patients with sufficient information such that each patient may understand the financial obligations she/he is incurring by receiving emergency medical care or other medically necessary care. This Policy will be widely publicized in the following manners:
   i. This Policy, the Financial Assistance application, and a plain language summary of this Policy will be made available on each hospital’s website;
   ii. Paper copies of this Policy, the Financial Assistance application, and a plain language summary of this Policy will be made available upon request and without charge, by mail, and placed in public areas of the hospitals including emergency rooms and patient admissions areas;
   iii. A paper copy of the plain language summary of this Policy will be offered as part of the intake or discharge process of individuals who receive emergency medical care or other medically necessary care from a hospital;
   iv. A conspicuous written notice will be provided on billing statements that includes information about the availability of Financial Assistance and the telephone number of the office or department at which information regarding this Policy and the application process can be obtained, as well as identification of the direct website at which this Policy, the Financial Assistance application, and a plain language summary of this Policy may be obtained;
v. Conspicuous public displays will be set up in public locations throughout each of the hospitals that notify patients about this Policy; and

vi. Members of the communities served by the hospitals will be notified and informed about this Policy in such a way as to reach those members who are most likely to need Financial Assistance.

2. This Policy, the Financial Assistance application and the plain language summary of this Policy will be translated into the primary language(s) spoken by those significant populations that have limited English proficiency and are served by the Froedtert Health hospitals in order to accommodate such populations.

C. Application, Collection of Information and Eligibility.

1. To be eligible for Financial Assistance, patients must:
   i. Complete a Financial Assistance application and submit requested supporting documentation;
   ii. Have available assets below the asset thresholds identified in this Policy and the attached exhibits;
   iii. Have household Modified Adjusted Gross Income below 400% of the Federal Poverty Level issued annually by the U.S. Department of Health and Human Services;
   iv. Comply with any other available government and financial assistance programs; and
   v. Complete and submit an application within the Application Period.
   vi. Patients may also be eligible for Financial Assistance if they were approved for financial assistance at one of Froedtert Health’s partner Federally Qualified Health Centers (FQHC) and are a direct referral for specialty services under the Specialty Access for the Uninsured Program (SAUP). Proof of approval under the SAUP by the FQHC will be accepted in lieu of the Financial Assistance application and supporting documentation.

2. Froedtert Health must collect the requested information from applicants to determine an individual’s eligibility for Financial Assistance under this Policy or other programs. Froedtert Health staff will be available to assist applicants in completing the Application for Financial Assistance (Exhibit B), including obtaining appropriate supporting documentation. Froedtert Health staff will also take steps to address any special needs of the applicant such as hearing or visual impairment or language interpretation.

3. Patients who are eligible for health insurance coverage through their employer or through the Federal Health Insurance Marketplace may be asked to apply for such insurance. Froedtert Health may ask an individual to provide an explanation identifying the reasons why she/he
declined the employer-offered health insurance benefit or declined to obtain insurance through the Federal Health Insurance Marketplace (or to demonstrate that she/he is exempt from the requirement of having minimum essential coverage through the Federal Health Insurance Marketplace).

4. Froedtert Health staff will attempt to determine if patients qualify for the Financial Assistance Program before services are rendered (based on an estimate of charges and financial information provided by an individual). However, the determination of eligibility for Financial Assistance can occur before, during, or after treatment. Regardless of when the determination of eligibility is actually made, a patient’s income, assets and overall financial situation on the date of service as reflected by the information submitted in the Financial Assistance Application will be used to make the eligibility determination.

5. Based upon the determinations made above, an applicable sliding scale discount as set forth in Exhibit C will be applied based upon the Federal Poverty Guidelines. The discount will be applied toward the charges for the emergency services or other medically necessary care as well as any pharmaceuticals or medical supplies administered during the course of treatment at the hospital and billed on the hospital account. The discount, however, will not be applied toward any retail pharmaceuticals purchased from a hospital pharmacy.

D. Initial Eligibility Period. The initial eligibility period for Financial Assistance is typically six months from the application date for the original admitting diagnosis. Each patient will be asked to re-apply at the end of each six month eligibility period in order to continue in the Financial Assistance Program. An updated and fully complete application is required to re-apply.

E. EMTALA. Nothing in this Policy should be interpreted as reducing or limiting a Froedtert Health hospital’s obligations under applicable law to provide emergency medical care as required by the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

F. Failure to Cooperate.

1. A patient’s Application for Financial Assistance may be denied and all patient account balances will be due from the patient if any of the following should occur:
   i. The patient does not return the completed application and requested documentation within ten days of receiving the Financial Assistance application;
   ii. The patient does not provide requested supporting documentation within ten days of the request;
iii. The patient does not follow through with applications for Federal, State, County or other assistance programs;
iv. The patient does not cooperate in applying for external financial assistance programs for which he or she may qualify; or
v. Information is falsified on the Application for Financial Assistance.

2. Patients waiting for a liability settlement from a third party. The application will be reconsidered if the patient does not receive payment from a third party at the time of, or within a reasonable time following, settlement.

3. Patients will have the right to appeal denials within 30 days from the date of the denial by contacting Patient Financial Services.

G. Residency.

1. Financial Assistance is available to patients who reside in the Froedtert Health service area as defined by the zip codes in Exhibit D.

2. Patients who do not reside in the approved zip codes will not qualify for Financial Assistance if they choose to receive services, including medically necessary services, when other local providers exist.

3. Exceptions may be made for patients residing outside of the approved zip codes when the patient receives care that the hospital is uniquely qualified to provide including specialty care referrals, hospital transfers, and emergency medical care received in Emergency Department visits.

H. Other Providers. Professional fees billed by physicians, radiologists, anesthesiologists or other providers whose billing is not provided by a Froedtert Health hospital are not included within the scope of this Policy. Patients requesting Financial Assistance discounts on these bills will be directed to the billing provider. Examples of other providers include The Medical College of Wisconsin, Infinity Healthcare, Wisconsin Diagnostic Laboratories, Froedtert & The Medical College of Wisconsin Community Physicians, Kettle Moraine Anesthesiology, Wisconsin Radiology Specialty, Falls Anesthesia Associates, Oncology Alliance, and Aurora Healthcare. Exhibit A provides a full listing of providers not covered within the scope of this Policy. Exhibit A will be updated on no less than a quarterly basis.

I. Extenuating Circumstances. Froedtert Health reserves the right to review each Financial Assistance application on its own merits and to consider other extenuating circumstances in the decision to approve a patient’s application for Financial Assistance.

J. Limitation on Charges. Charges for emergency or other medically necessary care provided to individuals who are eligible for Financial
Assistance under this Policy will not exceed the amounts generally billed to individuals who have insurance coverage for such care (“AGB”). Furthermore, charges for any other medical care provided to individuals who are eligible for Financial Assistance under this Policy will be charged at less than the gross charge for such services. These limitations on charges for medical services shall not apply if an individual has not submitted a complete Financial Assistance application as of the time the charges are billed to such individual; provided, however, that adjustments will be made if amounts are charged in excess of these limitations and the individual is subsequently determined to be eligible for Financial Assistance.

1. Froedtert Health determines each hospital’s AGB by multiplying the gross charges for the applicable medical care by the hospital-specific AGB Percentage set forth in Exhibit E for such hospital. The AGB Percentage for each hospital is determined annually by dividing (1) the sum of the amounts for all of its claims for emergency and other medically necessary care that have been allowed during the AGB Period by Medicare fee-for-service and all private health insurers as primary payors, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-pays, co-insurance or deductibles by (2) the sum of the associated gross charges for those claims.

2. For the benefit of the Financial Assistance eligible patient, Froedtert Health will apply the lowest AGB Percentage of the hospitals.

3. Gross Charges means the hospital’s full, established price for medical care that the hospital consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

4. The “AGB Period” means each prior 12-month period ending on December 31st.

5. Froedtert Health will begin to apply the annually determined AGB Percentage within 120 days following the end of the AGB Period that was used in calculating the AGB Percentage.

6. The calculation of the AGB Percentage for each hospital shall comply with the “look-back method” described in Treasury Regulation §1-501(r)-5(b)(3).

PROCEDURE: A. General. Patients may qualify for Financial Assistance by demonstrating that they meet the financial eligibility criteria established by Froedtert Health. Items used for consideration when determining eligibility are requested in the Financial Assistance application and must be provided by the patient. This includes gross household annual income, assets owned
by the patient and his/her immediate family residing in the household and basic expenses or liabilities, as well as other information identified in the application and related instructions. A credit report will be ordered for each applicant. The credit report will become a formal part of the patient’s Financial Assistance application file and will be considered when completing the financial evaluation of the patient.

B. **Asset Determination.** The patient’s available assets (as defined in the Definitions section above) will be compared to the total outstanding balance or estimate of charges at the time a complete application is submitted per the instructions. The patient’s available assets will not include certain “protected assets.” Financial Assistance will be denied for patients with a total outstanding balance or estimate of charges for emergency or other medically necessary care that is less than the amount of available assets. Patients with available assets will be required to “spend down” the assets using the available assets towards payment of the hospital bill in order to receive a Financial Assistance discount.

C. **Gross Income Determination.** The patient’s income will be calculated using the Modified Adjusted Gross Income calculation. The calculated income will be compared to the annual Federal Poverty Level guidelines set forth annually by the U.S. Department of Health and Human Services. Patients who fall within the financial guidelines set forth in Exhibit C will be assigned the appropriate level of Financial Assistance discount. Patients whose gross household income is equal to or less than 400% of the current year’s poverty guidelines (Exhibit C) may qualify for a Financial Assistance discount based upon a sliding scale discount rate and applied to the emergency or other medically necessary care at issue.

D. **Out of Pocket Maximum Determination.** The out-of-pocket cost to a qualified applicant after the Financial Assistance discount is applied will be capped at 15% of the applicant’s annual gross income (determined by using the Modified Adjusted Gross Income calculation) per account. Therefore, a patient who has an annual gross income equal to or less than 400% of the current year’s poverty guidelines will not pay more than 15% of his/her annual gross income on any single account during the approved Financial Assistance eligibility timeframe.

E. **Authorization Levels.** Froedtert Health will obtain the appropriate signatures authorizing the provision of Financial Assistance and the write-off of balances due (Exhibit C).

F. **Additional Information.** Information about this Policy and assistance with the Financial Assistance application process can be obtained at the following: Froedtert Health, Inc., Patient Financial Services, 400 Woodland Prime, N74W12592 Leatherwood Court, Menomonee Falls, WI 53051; and at the contact information set forth in the plain language summary of this
Policy.

G. Billing & Collection Policy. Actions that may be taken against an individual in the event of nonpayment of a billing statement for emergency medical care or other medically necessary care are addressed in the Billing & Collection Policy, Policy Number FH-FIN.015. A copy of that policy may be obtained by an individual, at no charge, by sending a written request to: Froedtert Health, Inc., Patient Financial Services, 400 Woodland Prime, N74W12592 Leatherwood Court, Menomonee Falls, WI 53051.

RELATED POLICIES:

FCH-FIN.0019 -- Accounting for Charity Care
FCH-FIN.015 - Credit and Billing & Collection Policy

ATTACHMENTS:

Financial Assistance Exhibits A-E

DISTRIBUTION:

Froedtert Health Corporate Policy & Procedure Manual – Finance Section
## FINANCIAL ASSISTANCE POLICY

### EXHIBIT A

PROVIDERS NOT COVERED UNDER FROEDTERT HEALTH'S FINANCIAL ASSISTANCE POLICY BUT WHICH MAY PROVIDE SERVICES AT A FROEDTERT HEALTH HOSPITAL

<table>
<thead>
<tr>
<th>Advanced Medical Solutions, LLC</th>
<th>Infinity HealthCare, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Pain Management</td>
<td>Jackson Foot Clinic</td>
</tr>
<tr>
<td>Affiliated Dermatologists, SC</td>
<td>OBGYN LifeTime</td>
</tr>
<tr>
<td>Alex Colque, M.D. Plastic Surgery</td>
<td>M Ortho</td>
</tr>
<tr>
<td>Aurora Advanced Healthcare, Inc.</td>
<td>Madison Medical Affiliates</td>
</tr>
<tr>
<td>Aurora Cardiovascular Services</td>
<td>Midwest Nephrology Associates, SC</td>
</tr>
<tr>
<td>Aurora Medical Group</td>
<td>Milwaukee Nephrologists, SC</td>
</tr>
<tr>
<td>Brian A. Stark, DDS</td>
<td>Moreland OB-GYN and Chrysalis Women’s Wellness Center</td>
</tr>
<tr>
<td>Cardiothoracic Surgery Group</td>
<td>Nephrology Associates, SC</td>
</tr>
<tr>
<td>CMH Heart &amp; Vascular Center Physicians Clinic</td>
<td>Neurologic Associates of Waukesha</td>
</tr>
<tr>
<td>Southport Cardiovascular Consultants</td>
<td>North Shore Orthopaedics, SC</td>
</tr>
<tr>
<td>The Cardiothoracic Surgery Group</td>
<td>Wheaton Franciscan Medical Group</td>
</tr>
<tr>
<td>West Suburban Cardiothoracic Surgery, LTD</td>
<td>Mykleby Family Dentistry Wisconsin Athletic Club Building</td>
</tr>
<tr>
<td>Wisconsin Heart Group, Brookfield</td>
<td>St. Ann Center for Intergenerational Care</td>
</tr>
<tr>
<td>Clinic of OB/GYN, LTD</td>
<td>Oral Surgery Associates, LTD</td>
</tr>
<tr>
<td>Children's Medical Group</td>
<td>Orthopaedic Associates of Milwaukee</td>
</tr>
<tr>
<td>CMG Pediatric Consultants of Wisconsin</td>
<td>Paul F. Wagner, MD</td>
</tr>
<tr>
<td>CSM Cosmetic Surgery and Skin Care Center</td>
<td>Pediatric Associates</td>
</tr>
<tr>
<td>CSM Community Physicians-Prospect Medical Commons</td>
<td>Elmbrook Pediatrics</td>
</tr>
<tr>
<td>Davis Medical Clinic</td>
<td>Pediatrics West</td>
</tr>
<tr>
<td>DermPath Diagnostics</td>
<td>Plastic Surgery Associates, SC</td>
</tr>
<tr>
<td>Devang V. Gandhi, MD</td>
<td>ProHealth Care Medical Associates</td>
</tr>
<tr>
<td>Dr. Elizabeth A. Polacheck</td>
<td>Rieter Podiatry Associates, SC</td>
</tr>
<tr>
<td>Dr. KF Nassif &amp; Associates SC</td>
<td>Southeastern Pediatrics &amp; Adolescent Medicine</td>
</tr>
<tr>
<td>Dr. Terrence J. Riesch, DDS</td>
<td>Stephen R. Schacht, DDS</td>
</tr>
<tr>
<td>Earl W. Nepple, MD</td>
<td>Suson Eye Specialists MD, SC</td>
</tr>
<tr>
<td>Eye Clinic of Racine</td>
<td>Richer, Martin, Timm, SC</td>
</tr>
<tr>
<td>Foot &amp; Ankle Health Center</td>
<td>The Medical College of Wisconsin*</td>
</tr>
<tr>
<td>Foot Clinic of West Bend</td>
<td>Town &amp; Country Dental</td>
</tr>
<tr>
<td>Froedtert &amp; The Medical College of Wisconsin Community Physicians, Inc.*</td>
<td>Urology Associates LTD, SC</td>
</tr>
<tr>
<td>Greater Milwaukee Plastic Surgeons, SC</td>
<td>Verre Eye Clinic, SC</td>
</tr>
<tr>
<td>Hand Surgery, LTD</td>
<td>Westgate Medical Group</td>
</tr>
<tr>
<td>Healing Corner, LLC</td>
<td>Wheaton Franciscan Medical Group</td>
</tr>
<tr>
<td>Henry Ambrookian, DDS</td>
<td>Wisconsin Neurosurgery, SC</td>
</tr>
<tr>
<td>Infectious Disease Specialists of SE Wisconsin, SC</td>
<td>Women's Health Care, SC</td>
</tr>
</tbody>
</table>
* These providers have their own separate Financial Assistance Policies covering emergency and other medically necessary care delivered by these providers. Those Financial Assistance Policies are generally consistent with Froedtert Health Inc.’s Financial Assistance Policy though there are differences.
Please return the application and supporting documents to:
Froedtert Health
Patient Financial Services
Attn: Financial Assistance Team
400 Woodland Prime Suite 103
N74 W12501 Leatherwood Ct
Menomonee Falls, WI 53051-4490
(800)466-9670

Please return the signed application and supporting documents to:
Froedtert Health
Patient Financial Services
Attn: Financial Assistance Team
400 Woodland Prime Suite 103
N74 W12501 Leatherwood Ct
Menomonee Falls, WI 53051-4490
(800)466-9670

Please return the application and necessary paperwork within 10 days. Failure to
return the completed application and all supporting documentation within 10 days may result in a
denial of your application. Please send copies of the documentation. Do not send originals. If
any of the supporting documents are unavailable, use the comment section to state why they are
not included.

The following supporting documents must be submitted in order to process your application:

- If you are on Social Security Disability or over the age of 65, please include your T19 spend down
eligibility date and dollar amount. If you have been denied by the T19 spend down program, please
provide copy of denial.

- A copy of your most recent Federal Income Tax Return and W-2 forms. Include Schedule C tax
forms if you and/or your spouse are self-employed.

- Proof of income. If married include your spouse’s information, please submit two current pay stubs.

- A recent copy of your and/or your spouse’s bank statement for every account on which either name
appears.

- A recent copy of your and/or your spouse’s statement for every investment including CD, stocks,
bonds, and annuities.

- If you and/or your spouse are unemployed and receiving unemployment compensation, supply
verification of unemployment benefits and the last pay stub from the previous employer.

- If you and/or your spouse are unemployed and supported by family or friends, please complete the
attached “Income Attestation” form as verification of how you meet daily expenses.

- If you and/or your spouse are receiving worker’s compensation payments, social security benefits,
disability benefits, pension payments, alimony, child support, public assistance, or VA benefits,
please submit verification of the benefit amount or a bank statement showing the direct deposit of
income.
Please return the signed application and supporting documents to:
Froedtert Health
Patient Financial Services
Attn: Financial Assistance Team
400 Woodland Prime Suite 103
N74 W12501 Leatherwood Ct
Menomonee Falls, WI 53051-4490

**Patient Information**

Name __________________________
Date of Birth ____________________
Social Security Number ____________
Phone Number ____________________
Address __________________________

<table>
<thead>
<tr>
<th>Own □</th>
<th>Rent □</th>
</tr>
</thead>
</table>

Other Property titled in your name? Yes □ No □

Employer __________________________

Part Time: □ Full Time: □

Gross Earnings $ __________ per
Hr □ Wk □ Mo □ Yr □ (choose one)

If unemployed, last date of employment ______

Did you file federal income taxes last year?
Yes □ No □ If yes, please include a complete copy.

Marital Status: Single □ Married □ Widowed □ Legally Separated □ Divorced □

Please list your and your spouse’s income and assets below:

<table>
<thead>
<tr>
<th>Income (monthly)</th>
<th>Spouse (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>$_______</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>$_______</td>
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<tr>
<td>Workers Compensation</td>
<td>$_______</td>
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<tr>
<td>Unemployment</td>
<td>$_______</td>
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<tr>
<td>Interest/Dividends</td>
<td>$_______</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>$_______</td>
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<tr>
<td>Pension</td>
<td>$_______</td>
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<tr>
<td>Disability Income</td>
<td>$_______</td>
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<tr>
<td>Rental Property Income</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Income</td>
<td>$_______</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td><strong>Spouse (If applicable)</strong></td>
</tr>
<tr>
<td>Health Savings Account/Flex</td>
<td>$_______</td>
</tr>
<tr>
<td>Checking Account</td>
<td>$_______</td>
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<tr>
<td>Savings Account/Money Market</td>
<td>$_______</td>
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<tr>
<td>Stocks/Bonds/Annuities/Trusts</td>
<td>$_______</td>
</tr>
<tr>
<td>Retirement/401K/IRA/403B</td>
<td>$_______</td>
</tr>
<tr>
<td>Certificate of Deposit</td>
<td>$_______</td>
</tr>
</tbody>
</table>

2
Dependent. **Note:** Individuals over age 18 will not be considered dependents unless listed as a dependent on Income Taxes. (If you have more than 4 dependents, please attach a separate sheet.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

Accident Information (If your medical services are the result of an accident involving a 3rd party liability, please provide accident and insurance information):

**Comments / Explanation of Circumstances:**

I certify that the above information is complete and accurate. I hereby authorize Froedtert Health and the Medical College of Wisconsin to release any information necessary for verification of statements made on this application. Furthermore, I hereby authorize release of any information necessary to Froedtert Health and the Medical College of Wisconsin for the purpose of verification of statements on this application. This consent shall expire six (6) months from the date hereof. This consent is provided pursuant to Section 146.81, WI Stat.

Signed_____________________________________   Date_____________

Froedtert Health and the Medical College of Wisconsin reserve the right to deny any application if it is determined the information has been falsified, is incomplete, or for failure to apply or comply with other applicable assistance programs. All self-pay balances will then become patient due. If you receive a payment from a third party related to the medical charges, you agree to inform Froedtert Health and the Medical College of Wisconsin immediately and to pay the entire balance. Any discounts previously extended will be reversed. **This single application will be used to determine eligibility for Financial Assistance with both Froedtert Health and the Medical College of Wisconsin, but Froedtert Health and the Medical College of Wisconsin determine eligibility for financial assistance independently.** The Medical College of Wisconsin (MCW) determines your eligibility for financial assistance for all physician/professional fees as a separate decision. For assistance or questions regarding your MCW billing please call (414)-955-4511 or Toll Free (800)-242-1649 Extension 5264. Froedtert Health determines your eligibility for financial assistance for all facility and ancillary services. For assistance or questions regarding your Froedtert Health billing please call Patient Financial Services at (414)-805-5951 or Toll Free (800)-466-9670.
Income Verification Section

If you and/or your spouse are supported by family or friends, please complete this section of the application as verification of how you meet daily expenses.

This section should be completed by either the patient, who must have their signature notarized, OR completed by the person who is helping support the patient either by providing room and board or giving money to pay daily living expenses.

Patient Name _______________________________________________________

Patient Social Security Number _________________________________________

**Person providing support**
- If you are filling out this section because you provide support to the patient, signing this section does not make you legally responsible for paying medical bills for this patient.
- A copy of a current photo ID for the individual providing support must be attached.

I, ________________________________________________________________ attest to the fact

(Name of person providing support)

I currently contribute $___________________ on a monthly basis for the

day-to-day living expenses for __________________________________________

(Patient’s name)

Signature _____________________________________________            Date  _________________

(Signature of person providing support)

**OR**

**Patient**
- Signature of the patient **MUST** be notarized.
- A copy of a current photo ID must be attached.

I am supported by friends or family for day to day living expenses.

I receive $ ________________________ each month

Patient Signature_________________________________________________________ Date____________________

Notarized by___________________________ Date____________________
EXHIBIT C

Federal Poverty Guidelines and Applicable Financial Assistance Discount

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Gross Income</th>
<th>100%</th>
<th>250%</th>
<th>275%</th>
<th>300%</th>
<th>325%</th>
<th>350%</th>
<th>400%</th>
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<td>$12,060</td>
<td>$30,150</td>
<td>$33,165</td>
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<td>$123,960</td>
<td>$134,290</td>
<td>$144,620</td>
<td>$165,280</td>
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<tr>
<td>Each Additional</td>
<td>TBD</td>
<td>$41,320</td>
<td>$103,300</td>
<td>$113,630</td>
<td>$123,960</td>
<td>$134,290</td>
<td>$144,620</td>
<td>$165,280</td>
</tr>
</tbody>
</table>

Percent Discount Granted

| 100% | 100% | 90% | 85% | 80% | 70% | 65% |

Authorization Level

$0 - $1,999 Team Coordinator ________________________________ Date: _________________

$2,000 - $9,999 Manager ________________________________ Date: _________________

$10,000 - $24,999 Director ________________________________ Date: _________________

$25,000 + Executive Director ________________________________ Date: _________________

Revenue Cycle
### Froedtert Health Service Area (By Zip Codes)

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EXHIBIT E

Amounts Generally Billed ("AGB") Percentage 2017

<table>
<thead>
<tr>
<th>Hospital</th>
<th>AGB Percentage</th>
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</thead>
<tbody>
<tr>
<td>Froedter Memorial Lutheran Hospital</td>
<td>36.92 %</td>
</tr>
<tr>
<td>Community Memorial Hospital of Menomonee Falls</td>
<td>34.47 %</td>
</tr>
<tr>
<td>St. Joseph’s Hospital of West Bend</td>
<td>38.54 %</td>
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</tbody>
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