

**Policy Title:** Froedtert Health Financial Assistance Policy

**Policy Number:** 1018

**Origination Date:** 09/21/2006

**Last Revision Date:** 04/04/2024

**A. Purpose**

1. Froedtert ThedaCare Health, Inc. (“Froedtert Health”) 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 those hospitals, clinics, ambulatory surgery centers, and laboratories which are identified on **Appendix 1** attached to this Policy, each of which are owned by either Froedtert Health or a Froedtert Health affiliate. This Policy, however, does not cover services rendered by any of the providers identified in **Exhibit A** in any of the Froedtert Health hospitals or other facilities. 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. Although it is anticipated and expected that individuals will seek care within their respective insurance networks whenever possible, emergency or other medically urgent care will not be withheld or delayed on the basis of an individual’s ability to pay, nor will Froedtert Health facilities or Froedtert Health providers engage in any actions that discourage individuals from seeking emergency medical care.

**B. Definitions**

1. **Application Period** - The “Application Period” is the period during which an individual must submit a Financial Assistance application if they wish 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.
2. **Assets** - Assets are cash and liquid investments, owned or legally available to an individual. Assets must be disclosed to Froedtert Health 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 an Individual Retirement Account (IRA), 401(k) or 403(b) plan account, pension plan, or other qualified retirement account.

3. **Income –**

- a. 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.
- b. 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
- c. 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. **Other Medically Necessary Care** – Consists of services required to identify or treat an illness or injury that is either diagnosed as, or reasonably believed to be, necessary, taking into consideration the appropriate level of care and medical decision making.
  5. **Patient** - An individual who receives emergency or other medically necessary care. For purposes of this Policy references to “patient” will include, where applicable, the individual acting as the guarantor of payment of the patient’s invoice for medical care.
  6. **Protected Assets** - Household assets, including, but not limited to, cash and cash equivalents on hand, checking and savings account balances, CDs, mutual funds, stocks, and bonds that are not part of an of an Individual Retirement Account (IRA,) 401(k) or 403(b) plan account, pension plan, or other qualified retirement account, collectively totaling less than \$50,000 will be protected and not considered as available assets in determining whether an individual qualifies for Financial Assistance. If an applicant has more than \$50,000 of other household assets, the amount over \$50,000 will not be considered protected assets and must be used towards payment of the outstanding bill(s) for emergency or other medically necessary care.
  7. **Presumptive Eligibility** - A Financial Assistance eligibility determination made by referencing specific criteria which demonstrate financial need on the part of an uninsured patient without completion of a Financial Assistance application.

### C. Policy Statement(s)

#### Financial Assistance

1. It is the policy of Froedtert Health to provide Financial Assistance to those individuals who qualify for Financial Assistance under this Policy and who:
  - a. Have received or will receive emergency medical care or other medically necessary care at a Froedtert Health facility or by a Froedtert Health provider;
  - b. Have cooperated with Froedtert Health in seeking out and applying for other potentially available financial assistance programs;
  - c. Have exhausted any and all insurance and/or other available financial assistance programs such as Medicaid, BadgerCare, or Copay Assistance Programs; and

- d. Lack the financial resources to pay for emergency medical care or other medically necessary care rendered at a Froedtert Health facility or by a Froedtert Health provider.
- 2. Patients who have in network 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 bill that may be their own personal obligation to pay. Examples are deductibles and co-payments.

### **Communication of Policy to Patients**

- 3. 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:
  - a. This Policy, the Financial Assistance application, and a plain language summary of this Policy will be made available on the Froedtert Health website;
  - b. 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;
  - c. 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 Froedtert Health facility or by a Froedtert Health provider;
  - d. 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;
  - e. Conspicuous public displays will be set up in public locations throughout each of the hospitals that notify patients about this Policy; and
  - f. 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.
- 4. 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 Froedtert Health in order to accommodate such populations.

### **Application, Collection of Information and Eligibility**

5. To be eligible for Financial Assistance, patients must:
  - a. Complete a Financial Assistance application and submit requested supporting documentation;
  - b. Have available assets below the asset thresholds identified in this Policy and the attached exhibits;
  - c. 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;
  - d. Comply with any other available government and financial assistance programs; and
  - e. Complete and submit an application within the Application Period.
  - f. 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) or are a patient at the Albrecht free clinic, Lakeshore Community Health Care, or Community Outreach clinic, or were approved for Financial Assistance by Horizon Homecare and Hospice. Proof of approval under the SAUP by the FQHC or the voucher or referral slip from Albrecht free clinic, Lakeshore Community Health Care, or Community Outreach clinic, or by notification from Horizon Homecare and Hospice will be accepted in lieu of the Financial Assistance application and supporting documentation.
6. Presumptive Eligibility Determination. For uninsured patients, Froedtert Health may use information from external sources, such as Experian Health or similar third-party vendors, or other public and private records and data sources in determining whether a patient is eligible for the Financial Assistance Program without completing an application. If Froedtert Health is able to verify eligibility utilizing the external source, a written application is not required. If Froedtert Health is unable to verify eligibility utilizing the external source, additional information may be requested from the patient. In considering a patient's presumptive eligibility, Froedtert Health will not use any *prior* presumptive eligibility determinations made with respect to that same patient.
7. 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.
8. 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.

9. 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 a Froedtert Health facility by a Froedtert Health provider and billed on the guarantor account. The discount, however, will not be applied toward any retail pharmaceuticals purchased from a hospital pharmacy.

#### **Initial Eligibility Period**

10. 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.

#### **EMTALA**

11. 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). All Froedtert Health hospitals provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance. Hospital personnel are prohibited from engaging in actions that discourage individuals from seeking emergency medical care, such as demanding that emergency department patients pay before receiving treatment for emergency medical conditions or engaging in debt collection activities that interfere with the non-discriminatory provision of emergency medical care.

#### **Failure to Cooperate**

12. 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:
  - a. The patient does not return the completed application and requested documentation;
  - b. The patient does not provide requested supporting documentation;
  - c. The patient does not follow through with applications for Federal, State, County or other assistance programs;
  - d. The patient does not cooperate in applying for external financial

- assistance programs for which he or she may qualify; or
- e. Information is falsified on the Application for Financial Assistance.
13. 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.
  14. Patients will have the right to appeal denials within 30 days from the date of the denial by contacting Patient Financial Services.

### **Residency**

15. Financial Assistance is available to patients who reside in the Froedtert Health service area as defined by the zip codes in **Exhibit D**.
16. 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.
17. Exceptions may be made for patients residing outside of the approved zip codes when the patient receives care that Froedtert Health is uniquely qualified to provide including specialty care referrals, hospital transfers, and emergency medical care received in Emergency Department visits.

### **Other Providers**

18. Exhibit A contains a complete list of all providers who render emergency or other medically necessary care at a Froedtert Health hospital. The professional fees associated with services performed by the providers set forth on **Exhibit A** are not billed by Froedtert Health hospitals and, therefore, are not covered within the scope of this policy. Patients requesting financial assistance discounts on bills associated with services performed by these providers will be instructed to contact these providers directly. **Exhibit A** will be updated on no less than a quarterly basis.

### **Extenuating Circumstances**

19. 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.

### **Limitation on Charges**

20. 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.

- a. 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.
- b. For the benefit of the Financial Assistance eligible patient, Froedtert Health will apply the lowest AGB Percentage of the hospitals.
- c. 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.
- d. The "AGB Period" means each prior 12-month period ending on December 31st.
- e. 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.
- f. The calculation of the AGB Percentage for each hospital shall comply with the "look-back method" described in Treasury Regulation 26 CFR §1.501(r)-5(b)(3).

### **Excluded Services**

21. The following services are not covered by this Policy and the Financial Assistance program:
  - a. Bariatric Surgery
  - b. Cosmetic Surgery
  - c. Investigational items or services
  - d. Corporate Wellness services
  - e. Massage Therapy services
  - f. Personal Trainer services
  - g. Reproductive Medicine
  - h. Driving & FAA evaluations
  - i. Self-pay drug screening programs
  - j. Self-pay speech services
  - k. Alternative medicine services
  - l. Retail items
  - m. Transportation Services
  - n. Direct Access Lab Testing
  - o. Services with specific agreed upon packaged pricing
  - p. Non-medically necessary services (medical care that is mainly for the



- convenience of the patient).
- q. Transplant Services
  - r. Services that are out of network based on the patient's third party insurer benefit plan. Exceptions may be made for emergency care or when such care cannot be rendered within the patient's health insurance network (i.e., such care is not unique to Froedtert Health)
  - s. Outreach laboratory services provided by Wisconsin Diagnostic Laboratories, LLC
  - t. Services provided by Froedtert Health Home Infusion, LLC

#### D. Procedure

1. **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 their 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 may 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. Patient Financial Services has the final authority for determining if an individual is eligible for Financial Assistance. In lieu of an application for uninsured patients, a presumptive eligibility determination may be made.
2. **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 Froedtert Health and/or the Medical College of Wisconsin bill in order to receive a Financial Assistance discount.
3. **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.

4. **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.
5. **Authorization Levels.** Froedtert Health will obtain the appropriate signatures authorizing the provision of Financial Assistance and the write-off of balances due **Exhibit C**.
6. **Additional Information.** Information about this Policy and assistance with the Financial Assistance application process can be obtained at the following: Froedtert ThedaCare 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.
7. **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 FH PFS Billing and Collection Policy. A copy of that policy may be obtained by an individual, at no charge, by sending a written request to: Froedtert ThedaCare Health, Inc., Patient Financial Services, 400 Woodland Prime, N74W12592 Leatherwood Court, Menomonee Falls, WI 53051. Alternatively, a copy of the FH PFS Billing and Collection Policy may be accessed and viewed at: <https://www.froedtert.com/financial-services>.

#### **E. Related Policies**

1. FH Finance Accounting for Charity Care Policy
2. FH PFS Billing and Collection Policy

#### **F. Attachment(s) (found on the following pages)**

1. 2024 Financial Assistance Policy Appendix 1 – 022324
2. 2024 Financial Assistance Policy Exhibit A (Provider List) – 022324
3. 2024 Financial Assistance Policy Exhibit B (Application) – 022324
4. 2024 Financial Assistance Policy Exhibit C (FPG Discount) – 022324
5. 2024 Financial Assistance Policy Exhibit D (Service Area Zip Codes) – 022324
6. 2024 Financial Assistance Policy Exhibit E (AGB)

# FROEDTERT HEALTH

## FINANCIAL ASSISTANCE POLICY

### APPENDIX 1

This Appendix 1 contains a complete list of the Froedtert Health hospitals and other facilities at which emergency or other medically necessary care is provided, and each of which is subject to the Froedtert Health Financial Assistance Policy.

- Froedtert Memorial Lutheran Hospital, Inc. (d/b/a Froedtert Hospital)
- Community Memorial Hospital of Menomonee Falls Inc. (d/b/a Froedtert Menomonee Falls Hospital)
- St. Joseph's Community Hospital of West Bend, Inc. (d/b/a Froedtert West Bend Hospital)
- Froedtert Health Neighborhood Hospitals, LLC
  - Froedtert Community Hospital – Mequon
  - Froedtert Community Hospital – New Berlin
  - Froedtert Community Hospital – Oak Creek
  - Froedtert Community Hospital – Pewaukee
- Holy Family Memorial, Inc. (d/b/a Froedtert Holy Family Memorial Hospital)
- Drexel Town Square Surgery Center, LLC
- Froedtert Surgery Center, LLC
- The Medical College of Wisconsin, Inc.
- Menomonee Falls Ambulatory Surgery Center, LLC
- West Bend Surgery Center, LLC
- Wisconsin Diagnostic Laboratories, LLC
  - Laboratory services performed by Wisconsin Diagnostic Laboratories, LLC that are deemed to be “outreach” or “reference laboratory services” are *not* subject to or covered by the Froedtert Health Financial Assistance Policy.

In addition, the following providers which render emergency or other medically necessary care at a Froedtert Health hospital or other facility identified above, are also subject to the Froedtert Health Financial Assistance Policy.

- Froedtert & The Medical College of Wisconsin Community Physicians, Inc.
- Froedtert Manitowoc Medical Group, LLC (d/b/a Froedtert Northeast Medical Group)

FROEDTERT HEALTH FINANCIAL ASSISTANCE POLICY

**EXHIBIT A**

This **Exhibit A** contains a complete list of all providers who render emergency or other medically necessary care at a Froedtert Health hospital or other facility, but whose professional fees associated with their services are not billed by Froedtert Health hospitals or other facilities and therefore, are not covered within the scope of the Froedtert Health Financial Assistance Policy. Patients requesting financial assistance discounts on bills associated with services performed by these providers will be instructed to contact these providers directly. This **Exhibit A** will be updated on no less than a quarterly basis.

Affiliated Dermatologists SC
Allergy Research & Care
Anthony Hoang, MD, SC
Ascension Medical group Elmbrook OBGYN
Aspen Orthopedics
Aurora Advanced Healthcare, Inc. (Physicians)
Aurora Health Care, Inc
Aurora Medical Group
Bardy Dx (Baxter)
BayCare Clinic
Bellin Health Systems
Burlington Healthcare Providers LLC
Care by Kehr LLC
Rayus Radiology
CHG/CompHealth
Community Oral and Maxillofacial Surgery
CompHealth
DEMI Health Care Partners
DocSide Consulting LLC
DocStar Medical Partners
Dr. Coussons Advanced Care for Women
Dr. K.F. Nassif and Associates
Eagle Physicians
Eagle Telemedicine
Earl W. Nepple, M.D.
Envision Healthcare
Foot Clinic of West Bend
Forefront Dermatology, S.C.
G Dental LLC
Gundersen Health System
Hayes Locum Agency
Henry Ambrookian, DDS
Impact Physician Group LLC
Independent Physicians of Wisconsin

Infectious Disease Specialists of SE Wisconsin, SC
Internal Medicine Associates
Justin C. Ngene, M.D.
Lake Country Pediatrics
Lakeshore Radiology
Madison Medical Group
Mak Onkiso LLC
Malone Staffing Solutions
Mark L Herring MD, SC
Mark Remshak, MD, LLC
Medicus Healthcare Solutions
Midwest Comprehensive Pain Care
Midwest Nephrology Associates, SC
Milwaukee Nephrologists, SC
My Sleep Doc
Neuro Wellness
Neurologic Associates of Waukesha
Northwestern Medicine
Ophthalmology Associates
Oral & Maxillofacial Surgery Associates of Waukesha
Oral Surgery Associates-Fond du Lac
Orchard, Inc
Philips/Biotel
Preventice
Pathology Consultants
Real Radiology, LLC
Richer, Martin, Timm SC
Rieter Podiatry Associates, S.C.
Shalom Medical Inc
Sharon S Richardson Community Hospice
SpecialtyCare, Inc
Terrence Riesch, DDS
The Center for Aesthetics & Plastic Surgery

ThedaCare Inc.
Third Coast Vascular
Tosa Pediatrics
Town & Country Dental
Versiti Blood Center of WI
Weatherby Healthcare
Wheaton Franciscan Medical Group
Whitney Sleep
Wisconsin Spine and Pain
Women's Health Care - Waukesha
Young Smiles



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  
Phone: (800)803-8155  
Fax: (414) 777-1503  
[financial.assistance@froedtert.com](mailto:financial.assistance@froedtert.com)

**Please return the application and necessary paperwork as soon as possible.** Failure to return the completed application and all supporting documentation may result in a denial of your application. Please send copies of the documentation; they will be scanned and shredded. Do not send originals. Documents not needed will be shredded. 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 Medicaid deductible eligibility date and dollar amount. If you have been denied by the Medicaid deductible program, please provide a copy of denial.
- A copy of your most recent Federal Income Tax Return and W-2 forms, Schedule C tax forms if you and/or your spouse are self-employed, and any additional tax schedules filed.
- Proof of income. If married include your spouse's information, please submit one month of current pay stubs.
- A recent copy of the complete bank statement for every account on which your and/or your spouse's name appears; including direct deposit debit cards. A summary will not be accepted.
- A recent copy of your and/or your spouse's statement for every investment including certificates of deposit (CD), stocks, bonds, annuities, and trusts.
- If you and/or your spouse are unemployed and receiving unemployment compensation, supply verification of unemployment benefits.
- If you and/or your spouse are unemployed and supported by family or friends, whether monetary or room and board, 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.



**EXHIBIT B (page 2 of 3)**

**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  
 Phone: (800)803-8155  
 Fax: (414) 777-1503  
[financial.assistance@froedtert.com](mailto:financial.assistance@froedtert.com)

**Patient Information**

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

Own  Rent   
 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. If no, last date filed \_\_\_\_\_  
 Marital Status: Single  Married  Widowed  Legally Separated  Divorced

**Spouse Information (If applicable)**

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

Own  Rent   
 Other Property titled in your name? Yes  No   
 Employer \_\_\_\_\_

Part Time:  Full Time:   
 Gross Earnings \$ \_\_\_\_\_ per  
 Hr  Wk  Mo  Yr  (choose one)

**Please list your and your spouse's income and assets below:**

**Patient**

**Income (monthly)**

Social Security \$ \_\_\_\_\_  
 Veterans Benefits \$ \_\_\_\_\_  
 Workers Compensation \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Interest/Dividends \$ \_\_\_\_\_  
 Alimony/Child Support \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Disability Income \$ \_\_\_\_\_  
 Rental Property Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_

**Assets**

Checking Account \$ \_\_\_\_\_  
 Savings Account/Money Market \$ \_\_\_\_\_  
 Stocks/Bonds/Annuities/Trusts \$ \_\_\_\_\_  
 Certificate of Deposit \$ \_\_\_\_\_

**Spouse (If applicable)**

**Income (monthly)**

Social Security \$ \_\_\_\_\_  
 Veterans Benefits \$ \_\_\_\_\_  
 Workers Compensation \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Interest/Dividends \$ \_\_\_\_\_  
 Alimony/Child Support \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 Disability Income \$ \_\_\_\_\_  
 Rental Property Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_

**Assets**

Checking Account \$ \_\_\_\_\_  
 Savings Account/Money Market \$ \_\_\_\_\_  
 Stocks/Bonds/Annuities/Trusts \$ \_\_\_\_\_  
 Certificate of Deposit \$ \_\_\_\_\_

**EXHIBIT B (page 3 of 3)**

Dependents. **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.)

Name	Relationship	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Accident Information (If your medical services are the result of an accident involving a 3<sup>rd</sup> 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.** For assistance or questions regarding your bill, please call Froedtert and the Medical College of Wisconsin at (800) 803-8155.*



FROEDTERT HEALTH FINANCIAL ASSISTANCE POLICY

**EXHIBIT C**

**Federal Poverty Guidelines and  
Applicable Financial Assistance Discount**

		<b>HHS Poverty Guidelines - 2024</b>						
<b>Family Size</b>	<b>Gross Income</b>	<b>100%</b>	<b>250%</b>	<b>275%</b>	<b>300%</b>	<b>325%</b>	<b>350%</b>	<b>400%</b>
1	TBD	\$15,060	\$37,650	\$41,415	\$45,180	\$48,945	\$52,710	\$60,240
2	TBD	\$20,440	\$51,100	\$56,210	\$61,320	\$66,430	\$71,540	\$81,760
3	TBD	\$25,820	\$64,550	\$71,005	\$77,460	\$83,915	\$90,370	\$103,280
4	TBD	\$31,200	\$78,000	\$85,800	\$93,600	\$101,400	\$109,200	\$124,800
5	TBD	\$36,580	\$91,450	\$100,595	\$109,740	\$118,885	\$128,030	\$146,320
6	TBD	\$41,960	\$104,900	\$115,390	\$125,880	\$136,370	\$146,860	\$167,840
7	TBD	\$47,340	\$118,350	\$130,185	\$142,020	\$153,855	\$165,690	\$189,360
8	TBD	\$52,720	\$131,800	\$144,980	\$158,160	\$171,340	\$184,520	\$210,880
Each Additional		\$5,380	\$13,450	\$14,795	\$16,140	\$17,485	\$18,830	\$21,520
		<b>Percent Discount Granted</b>						
		100%	100%	95%	90%	85%	80%	71%

Authorization Level

Financial Counselors are authorized to approve presumptive eligibility determinations based on information from external sources, including Experian Health Financial Assistance Screening. For all other Financial Assistance approvals, authorization is as follows:

<b>Amount</b>	<b>Approval Needed</b>
\$0-\$4,999.99	PFS Self-Pay Coordinator
\$5,000-\$24,999.99	PFS Supervisor
\$25,000-\$49,999.99	PFS Manager
\$50,000-\$74,999.99	PFS Director
\$75,000 and above	Executive Director of Revenue Cycle

FROEDTERT HEALTH FINANCIAL ASSISTANCE POLICY

**EXHIBIT D**

**Froedtert Health Service Area (By Zip Codes)**

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FROEDTERT HEALTH FINANCIAL ASSISTANCE POLICY

**EXHIBIT E**

**Amounts Generally Billed (“AGB”) Percentage  
2024**

<b>Hospital</b>	<b>AGB Percentage</b>
Froedtert Memorial Lutheran Hospital	26.76 %
Froedtert Menomonee Falls Hospital	26.64 %
Froedtert West Bend Hospital	26.07 %
Froedtert Community Hospital	28.49 %
Holy Family Memorial	27.59 %