

Financial Assistance

Category Finance

Policy Number FH-FIN.0017

Origination Date 9-21-06

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 Hospital, Community Memorial Hospital, and St. Joseph's Community Hospital. 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. 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 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. Retail items
 - xiv. 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) or are a patient at the Albrecht free clinic or Community Outreach clinic. Proof of approval under the SAUP by the FQHC or the voucher or referral slip from Albrecht or Community Outreach clinic 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. 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.
 4. 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;
 - ii. The patient does not provide requested supporting documentation;
 - 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..** 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.
- 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.

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).

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. Patient Financial Services has the final authority for determining if an individual is eligible for Financial Assistance.
- 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.

Reference Details

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

Attachments

FROEDTERT HEALTH

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

Advanced Pain Management	Midwest Neuromonitoring Associates
Affiliated Dermatologists, SC	Milwaukee Nephrologists, SC
Allergy Research & Care	Nephrology Associates of Waukesha, SC
Anthony Hoang, MD, SC	Nephrology Associates, SC
Aspen Orthopedics	Oral Surgery Associates
Aurora Advanced Healthcare, Inc. (Physicians)	Oral Surgery Associates-Fond du Lac
Aurora Health Care, Inc	Pediatric Associates
Burlington Healthcare Providers	Pediatrics West
Columbia-St. Mary's Ascension	Planned Parenthood - Milwaukee
Devang V. Gandhi, MD	Richer, Martin, Timm SC
Dr. K.F. Nassif and Associates	Rieter Podiatry Associates, S.C.
Earl W. Nepple, M.D.	Stephen Schacht, DDS
Foot Clinic of West Bend	Terrence Riesch, DDS
Healing Corner, LLC	Tosa Pediatrics
Henry Ambrookian, DDS	Town & Country Dental
Independent Physicians of Wisconsin	Verre Eye Clinic, SC
Infectious Disease Specialists of SE Wisconsin, SC	West Bend Medical
Justin C. Ngene, M.D.	Wheaton Franciscan Medical Group
Madison Medical Group	Wisconsin Heart Group, SC
Midwest Comprehensive Pain Care	Women's Health Care - Waukesha
Midwest Nephrology Associates, SC	
Advanced Pain Management	Midwest Neuromonitoring Associates
Affiliated Dermatologists, SC	Milwaukee Nephrologists, SC
Allergy Research & Care	Nephrology Associates of Waukesha, SC
Anthony Hoang, MD, SC	Nephrology Associates, SC
Aspen Orthopedics	Oral Surgery Associates
Aurora Advanced Healthcare, Inc. (Physicians)	Oral Surgery Associates-Fond du Lac
Aurora Health Care, Inc	Pediatric Associates
Burlington Healthcare Providers	Pediatrics West
Columbia-St. Mary's Ascension	Planned Parenthood - Milwaukee
Devang V. Gandhi, MD	Richer, Martin, Timm SC
Dr. K.F. Nassif and Associates	Rieter Podiatry Associates, S.C.
Earl W. Nepple, M.D.	Stephen Schacht, DDS
Foot Clinic of West Bend	Terrence Riesch, DDS
Healing Corner, LLC	Tosa Pediatrics

FROEDTERT HEALTH

** 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 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 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 T19 spend down eligibility date and dollar amount. If you have been denied by the T19 spend down 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.



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 _____

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 \$ _____

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 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.** For assistance or questions regarding your bill, please call Froedtert and the Medical College of Wisconsin 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 _____

FROEDTERT HEALTH

FINANCIAL ASSISTANCE POLICY

EXHIBIT C

Federal Poverty Guidelines and Applicable Financial Assistance Discount

		HHS Poverty Guidelines - 2020						
Family Size	Gross Income	100%	250%	275%	300%	325%	350%	400%
1	TBD	\$12,760	\$31,900	\$35,090	\$38,280	\$41,470	\$44,660	\$51,040
2	TBD	\$17,240	\$43,100	\$47,410	\$51,720	\$56,030	\$60,340	\$68,960
3	TBD	\$21,720	\$54,300	\$59,730	\$65,160	\$70,590	\$76,020	\$86,880
4	TBD	\$26,200	\$65,500	\$72,050	\$78,600	\$85,150	\$91,700	\$104,800
5	TBD	\$30,680	\$76,700	\$84,370	\$92,040	\$99,710	\$107,380	\$122,720
6	TBD	\$35,160	\$87,900	\$96,690	\$105,480	\$114,270	\$123,060	\$140,640
7	TBD	\$39,640	\$99,100	\$109,010	\$118,920	\$128,830	\$138,740	\$158,560
8	TBD	\$44,120	\$110,300	\$121,330	\$132,360	\$143,390	\$154,420	\$176,480
Each Additional		\$4,480	\$11,200	\$12,320	\$13,440	\$14,560	\$15,680	\$17,920
		Percent Discount Granted						
		100%	100%	90%	85%	80%	70%	65%

Authorization Level

Amount	Approval Needed
\$0-\$1,999.99	PFS Self-Pay Coordinator
\$2,000-\$9,999.99	PFS Supervisor
\$10,000-\$24,999.99	PFS Manager
\$25,000-\$49,999.99	PFS Director
\$50,000 and above	Executive Director of Revenue Cycle

FROEDTERT HEALTH

FINANCIAL ASSISTANCE POLICY

EXHIBIT D

Froedtert Health Service Area (By Zip Codes)

53002	53064	53137	
53003	53066	53139	
53004	53069	53146	
53005	53072	53149	
53007	53074	53150	
53010	53076	53151	
53012	53077	53153	
53017	53078	53154	
53018	53080	53172	
53021	53086	53177	53215
53022	53089	53178	53216
53024	53090	53182	53217
53027	53091	53183	53218
53029	53092	53185	53219
53032	53095	53186	53220
53033	53096	53188	53221
53034	53097	53189	53222
53035	53099	53202	53223
53036	53103	53203	53224
53037	53108	53204	53225
53040	53110	53205	53226
53045	53118	53206	53227
53046	53119	53207	53228
53050	53120	53208	53233
53051	53122	53209	53235
53052	53126	53210	53402
53056	53127	53211	53403
53058	53129	53212	53404
53059	53130	53213	53405
53060	53132	53214	53406

FROEDTERT HEALTH

FINANCIAL ASSISTANCE POLICY

EXHIBIT E

Amounts Generally Billed (“AGB”) Percentage 2020

Hospital	AGB Percentage
Froedtert Memorial Lutheran Hospital	32.68 %
Froedtert Menomonee Falls Hospital	32.38 %
Froedtert West Bend Hospital	32.14 %