

# **Gundersen Health System**

## **Gundersen St. Joseph's Hospital and Clinics**

### **Summary of Financial Assistance Policy**

#### **(Community Care)**

Gundersen St. Joseph's Hospital and Clinics is a not-for-profit system with a mission to provide excellence in patient care, education, research and improved health in the communities it serves. Gundersen St. Joseph's Hospital and Clinics will be a health system of excellence, nationally recognized for improving the health and well-being of our patients and their communities. We are committed to providing emergency and medically necessary health care services to patients regardless of their ability to pay. For patients, and patient guarantors, with limited financial resources, Gundersen St. Joseph's Hospital and Clinics has established a financial assistance program to help them in paying for their medical care.

#### **Eligibility**

Patients of Gundersen St. Joseph's Hospital and Clinics with annual family incomes of less than three-times the federal poverty level, and within asset limit thresholds will be eligible for Gundersen St. Joseph's financial assistance. For more information about current poverty guidelines, please visit the Assistance Secretary for Planning and Evaluations of the US Department of Health and Human Services website at <http://hhs.gov>.

#### **Type of Assistance**

Family income and assets will be considered when making an eligibility determination on financial assistance. Discounted care is available to patients with limited assets and family income less than three-times the federal poverty level. Patients not meeting these eligibility guidelines, but with extraordinarily high medical expenses, may qualify for catastrophic care assistance.

#### **Fees Charged to Patients Eligible for Financial Assistance**

Patients eligible for financial assistance may be granted a discount on Gundersen St. Joseph's Hospital and Clinic bills for emergency and medically necessary care that is equal to that charged to insured patients, specifically those covered by Medicare and/or private health insurers.

#### **For More Information**

Information on the Gundersen St. Joseph's Hospital and Clinics financial assistance policy is available upon request. An application for Gundersen St. Joseph's financial assistance is available on our website at <http://www.gundersenhealth.org/st-josephs/billing-information>

To request a complete financial assistance policy, called Community Care, a financial assistance application, or assistance completing the application, contact:

Gundersen St. Joseph's Hospital and Clinics  
Patient Financial Services PO Box 527  
Hillsboro, WI 54634  
(608) 489-8198

### INCOME THRESHOLDS

The following figures are based on the 2016 HHS poverty guidelines which were published in the Federal Register on January 25, 2016.

Persons in family/household	Poverty Guideline (100%)	200% of Poverty	300% of Poverty
1	\$11,880	\$23,760	\$35,640
2	\$16,020	\$32,040	\$48,060
3	\$20,160	\$40,320	\$60,480
4	\$24,300	\$48,600	\$72,900
5	\$28,440	\$56,880	\$85,320
6	\$32,580	\$65,160	\$97,740
7	\$36,730	\$73,460	\$110,191
8	\$40,890	\$81,780	\$122,670

For families/households with more than 8 persons, add \$4,160 for each additional person.

### ASSET THRESHOLDS

Persons in family/household	600% Asset Level
1	\$71,280
2	\$96,120
3	\$120,960
4	\$145,800
5	\$170,640
6	\$195,480
7	\$220,380
8	\$245,340