

# Gundersen Moundview Hospital and Clinics

## Summary of Financial Assistance Policy

Gundersen Moundview Hospital and Clinics (Moundview) is a not-for-profit system with a mission to provide care one patient at a time as professionals who bring community wisdom and empathy to our work while participating fully in Gundersen Health System's commitment to quality, service and excellence.

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, Moundview has established a financial assistance program to help them in paying for their medical care.

### Eligibility

Patients of Moundview with annual family incomes of less than four-times the federal poverty level, and within asset limit thresholds will be eligible for Moundview 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. Free care is available to patients with limited assets and family income equal to or less than two-times the federal poverty level. Discounted care is available to patients with limited assets and family income between two and four-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, and having no insurance coverage, may be granted a discount on Moundview 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 Moundview financial assistance policy is available upon request. An application for Moundview financial assistance is available on our website at [www.gundersenhealth.org/moundview](http://www.gundersenhealth.org/moundview).

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

Gundersen Moundview Hospital and Clinics  
Patient Financial Services  
402 West Lake Street, P.O. Box 40  
Friendship, WI 54773  
(608) 339-8466

## INCOME THRESHOLDS

The following figures are based on the 2018 HHS poverty guidelines which were published in the Federal Register on January 13, 2018.

Persons in family/household	Poverty Guideline (100%)	200% of Poverty	400% of Poverty
1	\$12,140	\$24,280	\$48,560
2	16,460	\$32,920	\$65,840
3	20,780	\$41,560	\$83,120
4	25,110	\$50,200	\$100,400
5	29,420	\$58,840	\$117,680
6	33,740	\$67,480	\$134,960
7	38,060	\$76,120	\$152,240
8	42,380	\$84,760	\$169,520

For families/households with more than 8 persons, add \$4,320 for each additional person.

## ASSET THRESHOLDS

Persons in family/household	600% Asset Level
1	\$72,840
2	\$98,760
3	\$124,680
4	\$150,600
5	\$176,520
6	\$202,440
7	\$228,360
8	\$254,280