

**Financial Assistance Policy
(GL-1252)
Appendix 5
Public Access to Policy**

Information on the GMHC Financial Assistance Policy, and the GMHC Self-pay Billing and Collection Policy will be made available to patients and the community served by GMHC free of charge through a variety of sources.

1. Patients and guarantors may request copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via mail at:

Gundersen Moundview Hospital and Clinics
Attn: Patient Accounts
PO Box 40, 402 W Lake St
Friendship, WI 53934

2. Patients and guarantors may request copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via phone, GMHC - (608) 339-8448.
3. Patients and guarantors may download copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via or <https://www.gundersenhealth.org/patients-visitors/financial-assistance>.
4. Patients and guarantors may request copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary in person at the following locations:
 - a. Gundersen Moundview Hospital and Clinics
402 W Lake St
Friendship, WI 53934
(608) 339-8448