

Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.



one family



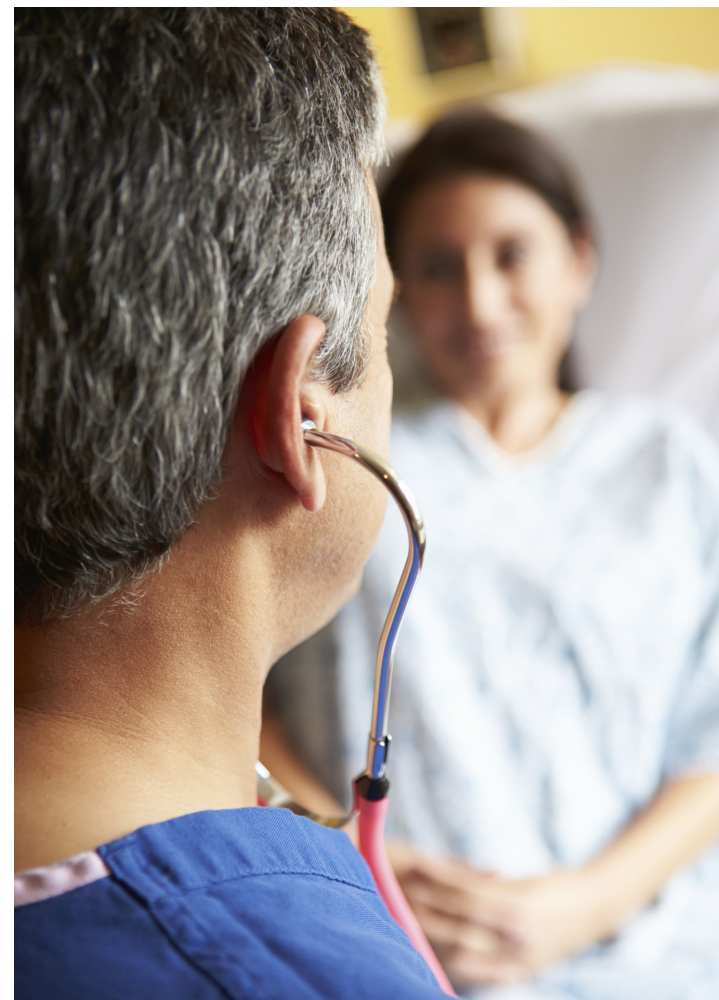
HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau:

St. Vincent Hospital: 920-433-0111
St. Mary's Hospital: 920-498-4200
St. Nicholas Hospital: 920-459-8300
St. Clare Hospital: 920-846-3444

#5876-C (R 01/18)



Financial Assistance Program

Assistance for persons unable to pay co-pays, deductibles, or for medical services
Effective January 2018

one family



Financial assistance based on the ability to pay

At Hospital Sisters Health System (HSHS), our mission is caring for all people. High quality care is our commitment — regardless of ability to pay, race, color, creed, sex, national origin or ancestry.

Because our resources are limited, we must set guidelines. Income guidelines help us to assist patients who are least able to pay. They do not prevent anyone from seeking medical treatment.

To qualify for assistance

- Complete an application form (we can help you complete the form if needed);
- Provide documentation of income;
- Provide a statement of assets (what you own);
- Provide evidence that you have explored all other means of assistance, including private and public aid when appropriate.

These guidelines are effective January 2018, and are subject to change without notice.

For more information

To request the Financial Assistance Program guidelines and an application, write or call:

Patient Financial Services
 ATTN: Financial Assistance Program
 P.O. Box 13508
 Green Bay, WI 54307-3508
 Local: 920/433-8122
 Toll Free: 800/211-2209

To speak with a financial counselor in person, please visit any HSHS hospital location.

Program guidelines and the application are also available on your hospital's website.

Income Guidelines

January through December 2018

Based on gross family income shown below as a percentage of 2018 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2018	200% FPL	300% FPL	400% FPL
1	\$12,140	\$24,280	\$36,420	\$48,560
2	16,460	32,920	49,380	65,840
3	20,780	41,560	62,340	83,120
4	25,100	50,200	75,300	100,400
5	29,420	58,840	88,260	117,680
6	33,740	67,480	101,220	134,960
7	38,060	76,120	114,180	152,240
8	42,380	84,760	127,140	169,520
9	46,700	93,400	140,100	186,800
10	51,020	102,040	153,060	204,080

Applicable Discount

If income is less than 200%, patient receives 100% discount.

If income is between 200-300%, patient receives 70% discount.

If income is between 300-400%, patient receives 55% discount.

Your 12-month maximum out-of-pocket responsibility can be no more than 25% of your gross annual income, as verified by the Business Office. If you qualify for financial assistance, you will not be charged more for emergency or other medically necessary care than patients who are covered by Medicare or other insurance.

HSHS St. Vincent Hospital
www.stvincenthospital.org

HSHS St. Clare Memorial Hospital
www.stclarememorial.org

HSHS St. Mary's Hospital Medical Center
www.stmngb.org

HSHS St. Nicholas Hospital
www.stnicholashospital.org