



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:

CONTACT US AT:

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

Local: 920/433-8122

Toll Free: 800/211-2209

To apply online through MyChart, visit: www.hshsmymyhealthrecord.com



Western Wisconsin
Patient Financial Services Department
ATTN: Financial Assistance Program
900 West Clairemont Avenue
Eau Claire, WI 54701



Eastern Wisconsin
Patient Financial Services Department
ATTN: Financial Assistance Program
P.O. Box 13508
Green Bay, WI 54307-3508

We are committed to providing medically necessary care by offering financial assistance for co-pays, deductibles, or medical services to individuals who qualify.



2022 Financial Assistance Program

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. These 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 insurance and public aid when appropriate.

These guidelines are effective and are subject to change without notice.

To speak with a financial counselor in person, please call 800-211-2209 to set up an appointment.

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

Income Guidelines February 2022 through January 2023

Based on income and assets shown below as a percentage of 2022 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL)	200% FPL	300% FPL	400% FPL
	2021			
1	\$13,590	\$27,180	\$40,770	\$54,360
2	18,310	36,620	54,930	73,240
3	23,030	46,060	69,090	92,120
4	27,750	55,500	83,250	111,000
5	32,470	64,940	97,410	129,880
6	37,190	74,380	111,570	148,760
7	41,910	83,820	125,730	167,640

For families/households with more than 7 persons, add \$4,720 for each additional person.

Discount for eligible HSHS services (Wisconsin) for applicants meeting asset thresholds and household income:

Asset limits:

Family of 1 = \$1,000

Family of 2 = \$2,000

Each additional household member = \$500

Household income:

Below 200% of FPL are eligible to receive a 100% discount.

Above 200% of FPL but equal to or less than 300% are eligible to receive a 80% discount.

Above 300% of FPL but equal to or less than 400% are eligible to receive a 70% discount.

Above 400% there are no discounts offered, with the exception of catastrophic health care expenses considers on a case by case basis.

Your 12-month maximum out-of-pocket responsibility can be no more than 20% of your gross annual income and assets, 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.

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800-211-2209 to set up an appointment.