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<b>SYSTEM: Hospital Sisters Health System</b>	<b>MANUAL(S): Executive Manual</b>
<b>TITLE: Billing &amp; Collection Policy</b>	<b>ORIGINATING DEPARTMENT: Revenue Cycle</b>
<b>EFFECTIVE DATE: December 14, 2020</b>	<b>REVISION DATE(S): 2/1/2021</b>
<b>SUPERCEDES: 6/25/20, 10/1/17</b>	
<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities:          ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Physician Enterprise (HSHS Medical Group – Illinois, Prairie Cardiovascular Consultants). WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette, (9) HSHS Physician Enterprise (HSHS Medical Group – Wisconsin).</small>	

**I. POLICY:**

Hospital Sisters Health System (HSHS) and each affiliated Local System’s mission and values encourage reaching out to people in the communities we serve to provide care to all persons, including individuals and families with financial limitations. We are committed to providing reasonable options to satisfy financial obligations utilizing HSHS service offerings.

Patients receiving services through an HSHS affiliated local system are expected to contribute to the cost of their care based on their individual ability to pay. HSHS established the provisions in this Billing & Collection policy in order to meet the financial needs of the organization as well as those of our patients.

**II. PURPOSE:**

The Billing & Collection policy outlines the process for resolving patient balance obligations. This policy further establishes guidelines to ensure that all patients are treated fairly, and reasonable efforts are made to determine whether an individual is eligible for financial assistance before pursuing certain collection actions. This policy does not offer a provision for assistance to patients with enough means who refuse to pay for the medical services rendered to them or to their family members. Any information gathered by HSHS during this process is subject to HSHS’ policies on protection of confidential information. HSHS will not discriminate based on age, sex, race, religious affiliation, disability, national origin, or immigration status.

The policy is intended to satisfy applicable State and Federal requirements, including the Illinois Hospital Uninsured Patient Discount Act and the Code Section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations there under, and the Federal Patient Protection and Affordable Care Act (ACA).

**III. SCOPE:**

This policy is applicable to all HSHS hospitals\*, Physicians’ Organizations, and operating entities including their employees, agents and medical staff, as well as employed physicians of an HSHS Medical Group.

**IV. DEFINITIONS:**

For purposes of this policy, the terms below are defined as follows:

- A. **Bad Debt:** A patient self-pay obligation that goes unpaid for more than 120 days after HSHS has established financial responsibility and sent the first, post-discharge billing statement to the patient, or patient guarantor, or is not in conformance with an agreed upon payment plan.



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- B. **Charity or Financial Assistance:** The adjustment to charges for free or discounted medical services provided to individuals who meet certain financial criteria. See the Financial Assistance Policy for more information on qualification criteria and application process.
- C. **Colleague or Delegate:** HSHS employees or contractors who will assist patients with the process to apply for financial assistance under this Financial Assistance Program.
- D. **Code Section 501(r) Requirements:** The requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended from time to time, and the related Treasury Regulations pertaining to financial assistance, limitations on charges, and billing and collections activities.
- E. **Emergency and other medically necessary services:** Emergency medical services provided in an emergency room setting; Health care services for a condition which, if not promptly treated would lead to an adverse change in the health status of an individual; Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and other medically necessary services, all evaluated on a case-by-case basis solely at HSHS's discretion for purposes of application of this Financial Assistance Program.
- F. **Extraordinary Collections Actions or "ECAs":** For purposes of this Billing & Collection policy, ECAs are those activities identified under the Code Section 501(r) Requirements, which may include:
  - 1. Selling an individual's debt to another party, unless the purchaser is subject to certain restrictions as provided in the Code Section 501(r) Requirements.
  - 2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
  - 3. Deferring, denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the Financial Assistance Program.
  - 4. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding.
- G. **Family:** Defined by the Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return in compliance with Internal Revenue Service rules, then they may be considered a dependent for purposes of the provision of financial assistance.
- H. **Family income:** Income is the total annual cash receipts from all sources, before taxes, less payments made for child support which includes, but is not limited to; wages and salaries before deductions, tips, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran's payments, public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, military allotments, private pensions, government pensions, annuity payments, grants, fellowships, dividends, interest, net rental income, net payments, net gambling or lottery winnings, assistance from outside the household and other miscellaneous sources. Noncash benefits (such as food stamps, housing subsidies and child support) do not count as income.
- I. **Guarantor:** An individual, who may or may not be the patient who is responsible for payment of the patient's bill. The guarantor may be the patient, a parent, legal guardian, or other person financially obligated by law for the balance due on the account. Any reference to "patient" in this policy shall mean the patient and/or the Guarantor.
- J. **Health care services:** Medical services provided to the individual within the HSHS's environment, including, but not limited to, medical diagnostic, therapeutic, surgical and Chronic Support services, as well as room and board; inclusive of use of equipment, supplies, and professional services (excluding non-HSHS physicians).
- K. **Illinois Hospital Uninsured Patient Discount Act:** An Illinois law requiring hospitals in Illinois to give uninsured patients a discount on their medical bills. The act requires patients to apply for the discount within 60 days of receiving their initial medical bill.
- L. **Medically necessary services:** Health care services for a condition which, if not promptly treated would lead to an adverse change in the health status of an individual; Emergency medical services provided in an emergency room setting; Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and medically-necessary services, evaluated on a case-by-case basis at HSHS's discretion.



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- M. **Payment Plan:** A payment plan agreed to by both HSHS and a patient, or patient's guarantor, for out-of-pocket expenses. The payment plan shall consider the patient's financial circumstances, the amount owed, and any prior payments.
- N. **Statement:** A communication sent to the patient by mail, email, or the patient portal describing services received and balances owed.
- O. **Third party payer:** Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan or government payer, with a legally enforceable obligation to pay for services billed to a patient by HSHS. Responsible parties, as defined herein, are not considered third party payers.
- P. **Underinsured:** An individual, with private or public insurance coverage, for whom it may be a financial hardship to pay in full the expected out-of-pocket expenses for medical services provided by HSHS.
- Q. **Uninsured:** An individual, with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.
- R. **Uninsured Discount:** Patients with no third-party coverage will be provided an uninsured discount, for eligible services provided by HSHS under this policy, at the time that the undiscounted charges are rendered. HSHS will have this discount applied automatically to uninsured patient balances at the time of billing. Current discount amounts are available in Appendix A of this policy. The discount percentage is subject to change based on a yearly review of historical claims data.

### V. BILLING AND COLLECTIONS PROCESS

- 1. **Validating Patient Financial Responsibility:** HSHS will take reasonable steps to validate patient payment obligations. Actions will be taken to identify third-party payers to assist patients in resolving their bills and HSHS will seek payment from all known third-party payers in order to assist patients in resolving their bills. Timely and proper filing of third-party payer claim procedures will be pursued to ensure appropriate claim adjudication. If necessary and feasible, HSHS will work with patients to assist them in resolving insurance claim payment issues.
- 2. **Resolving Patient Balances:** Once a patient's, or patient guarantors', financial responsibility has been determined, HSHS will:
  - a. Inform the patient, or the patient's guarantor, of the various options for resolving the balance. If the patient or guarantor is unable to pay the balance due within thirty (30) days, they will be informed of other options available to resolve the self-pay balances, including payment plans, extended payment plans and/or financial assistance.
  - b. Offer the patient or the patient's guarantor a payment plan. If the patient or the patient's guarantor is unable to pay the balance in full, the patient may request a payment plan. See items 4 below for further details and payment plan parameters.
  - c. Offer the patient, or the patient's guarantor an extended payment plan. If the patient or the patient's guarantor is unable to pay the balance in full utilizing a payment plan, an extended payment plan through Commerce Bank may be utilized. See item 6 below for further details.
  - d. Offer the financial assistance policy, the financial assistance application, and/or the plain language summary. Reasonable efforts will be made to inform patients, or patient guarantors, of the HSHS financial assistance policy and will be provided information on how to file a financial assistance application.
- 3. **Statements:** HSHS will send at least three separate statements for collection of self-pay accounts mailed or emailed to the last known address of each guarantor(s). However, no additional statements will be necessary after a guarantor submits a complete application for financial assistance under the financial assistance policy or has paid in full. It is the guarantor(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination of reasonable efforts has been made. All self-pay statements will include, but not be limited to:
  - a. The charges for such services;
  - b. The amount required to be paid by the patient or guarantor;



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- c. A conspicuous written notice that notifies and informs the patient or guarantor about the availability of financial assistance under the financial assistance policy including the telephone number of the department and direct website address where copies of the documents, including the Financial Assistance Application, may be obtained;
    - d. At least one of the statements mailed or emailed will include written notice that informs the patient or guarantor of the ECAs that may be taken if the patient or guarantor does not apply for financial assistance under the financial assistance policy or pay the amount due by the billing deadline. A plain language summary of the financial assistance policy will be provided should any ECAs be taken.
  4. **Payment Plans:** Patients, or their guarantors, will also be provided with information on payment plans. For patients unable to pay the balance due within thirty (30) days, interest-free, payment plans may be extended for up to nine (9) months based on the account balance. Arrangements for such payment plans must be made with HSHS Customer Service. If the patient, or patient guarantor, does not make payment arrangements or if the patient, or patient guarantor, fails to comply with payment arrangements, the account may be referred to an outside collection agency.
    - a. Payment plans are available to patients, or their guarantors, who qualify for less than 100% financial assistance, but are unable to pay the balance in full. These payment plans will be subject to the same rules applicable to patients or guarantors who do not qualify for any financial assistance.
    - b. If the account balance is less than \$500.00, payment plans can be offered up to 5 months.
    - c. If the account balance is greater than \$500.00, payment plans can be offered up to 9 months.
    - d. If an account cannot be paid in full within 9 months, the patient will be referred to Commerce Bank for an extended payment plan. See item 5 below.
    - e. If a HSHS patient with an existing payment plan subsequently receives services at HSHS and incurs additional self-pay balances, the patient's, or patient guarantor's current payment plan may be revised to account for the additional charges.
  5. **Extended Payment Plans (greater than 9 months):** Patients or their guarantors who need financing beyond the allowed 9-month payment plan will be referred to Commerce Bank. All patients and their guarantors will automatically qualify for extended financing through our partnership with Commerce Bank. Commerce Bank offers interest-free financing for up to 60 months/5 years, depending on the patient balance.
  6. **Financial Assistance:** Financial assistance information will be made widely available to patients and members of the community served by HSHS. The HSHS Financial Assistance Policy (FAP), Financial Assistance Application, and a plain language summary of the FAP will be available on HSHS' system website. Paper copies of this information will be available upon request and free of charge.
  7. **Disputing Bills:** HSHS will inform patients of the process by which they may question or dispute bills. Disputes will be directed to HSHS's Patient Financial Services department. A toll-free phone number for disputes will be listed on all monthly patient statements and collection notices sent by HSHS. The Customer Financial Services department will respond to queries made by patients within 30 business days after receiving the dispute. For a dispute requiring further investigation, all collection actions will cease until a final decision has been rendered on the disputed amount.

## VI. EXTRAORDINARY COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

1. **Bad Debt Collection Actions:** No account will be subject to bad debt collection actions, or ECA, within 120 days of the first post-discharge statement before HSHS has made reasonable efforts to determine whether that patient is eligible for financial assistance. This 120-day timeframe may be abbreviated if a determination has been made on financial assistance, a payment plan has been established and agreed to by the patient or guarantor, or the patient or guarantor is no longer complying with the payment plan. No collection actions will be pursued against a patient if the patient, or guarantor, has provided documentation showing that he or she has applied for coverage under Medicaid, or other publicly sponsored health programs, that may pay the outstanding claim and for which an eligibility determination is still pending. All other accounts would be subject to listing with an outside collection agency.
  - a. Prior to sending a patient's account to a collection agency HSHS will make reasonable efforts to provide information on financial assistance and will mail a minimum of three (3) written statements and/or letters to the patient or guarantor. Each statement will include conspicuous notice of the HSHS financial assistance policy, telephone number to call for help, and direct website address. If all efforts to communicate with the



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- patient, or patient guarantor, are unsuccessful, and a correct address for undeliverable mail is not found, accounts will be sent to a collection agency.
- b. Within 240 days from the first post-discharge statement, if a patient, or guarantor, applies for financial assistance, the application will be accepted, and collection actions will cease while an eligibility determination is being made. If the applicant is approved for 100% financial assistance, no further actions will be taken to collect on the amount. If the applicant is denied financial assistance or is approved for discounted care, steps will be taken to resolve the outstanding obligation. If the account is not resolved or arrangements to resolve the account are not made, additional collection actions will be pursued.
  - c. Collection actions may be utilized by HSHS when pursuing payment from patients or guarantors (i) with balances due that go unpaid for more than 120 days who do not apply for financial assistance, (ii) patients or guarantors not in conformance with an agreed upon payment plan, or (iii) patients or guarantors who are no longer cooperating in good faith to pay off the remaining balance.
  - d. At least 30 days before initiating one or more ECAs to obtain payment for the care provided, HSHS will provide a patient or patient's guarantor with a written notice that indicates financial assistance is available for eligible individuals, how an individual can apply for financial assistance, and where the FAP can be obtained. Such written notice will identify the ECAs that HSHS or other authorized party intends to initiate to obtain payment for the care and indicate the deadline after which such ECAs may be initiated. The deadline will be no earlier than thirty (30) days after the date that the written notice is provided to the patient or patient's guarantor. A plain language summary of the financial assistance policy will be included with the notice HSHS will also make reasonable efforts to orally notify the individual about HSHS FAP and how the patient can obtain assistance with the FAP process.
  - e. The following is a list of ECAs HSHS, or authorized party may initiate to obtain payment for care provided:
    - i. Reporting to consumer credit reporting agencies,  
Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the Financial Assistance Program.
      1. Restrictions on Deferring or Denying Care. In a situation where HSHS and/or the Local System intends to defer or deny, or require a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the Financial Assistance Program, the patient will be provided a FAP application and a written notice indicating that financial assistance is available for eligible patients and stating the deadline, if any, after which HSHS and/or the Local System will no longer accept and process an application submitted (or, if applicable, completed) by the patient for the previously-provided care at issue. This deadline shall be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided.
      2. Care will not be deferred or denied for emergency medical care and at no time will HSHS attempt to collect payment before a qualified medical screening in the event of emergency care. See the Emergency Medical Care Policy for additional details.
    - ii. Pursuing legal judgments,
    - iii. Filing liens,
    - iv. Garnishing wages to collect on outstanding balances.
  2. **Collection Agencies:** Each Local System will use a reputable external bad debt collection agency and/or attorney for processing bad debt accounts. Accounts will not be placed with a collection agency within the first 120 days after issuing the first, post-discharge statement, unless patient or patient guarantor is not complying with an agreed upon payment plan.
    - a. Prior to referral to an outside collection agency, each account will be reviewed to ensure that HSHS has made reasonable efforts to determine whether the patient or patient's guarantor is eligible for financial assistance.





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- After this review, the account may advance to an outside collection agency. Any and all accounts referred to a collection agency will comply with the financial assistance requirements. Accounts which are listed with a collection agency will remain until the balance is resolved or until two (2) years of no activity.
- b. HSHS does not permit harassing, abusive, oppressive, false, deceptive or misleading language or collections conduct by its debt collection attorneys, agencies, or their agents and employees. HSHS does not permit harassing, abusive, oppressive, false, deceptive or misleading language or collections conduct by its employees responsible for collecting medical debt from patients.
  - c. All collection agencies working on behalf of HSHS will have in place a written contract that will specify that their collection processes must conform to the policies of HSHS and comply with applicable state and federal laws. At a minimum, such an agreement must provide the following:
    - i. Collection agencies/attorneys must follow HSHS's value-based procedures in the pursuit of estates, garnishments and judgments for non-payment of medical debts.
    - ii. Any lien placed on a patient's real estate property must be authorized in writing from the Division President or delegate.
    - iii. Collection agencies/attorneys working on behalf of HSHS are NOT authorized to attach bank accounts or file body attachments.
    - iv. If the individual submits a FAP application after the referral of the debt but before the end of the application period, the party will suspend ECAs.
    - v. If the individual submits a FAP application after the referral of the debt but before the end of the application period and is determined to be FAP-eligible for the care, the party will do the following in a timely manner.
      1. Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the party and the hospital facility together more than he or she is required to pay for the care as a FAP-eligible individual.
      2. If applicable and if the party (rather than the hospital facility), has the authority to do so, take all reasonably available measures to reverse any ECA (other than the sale of a debt or another ECA) taken against the individual.
  - d. Accounts assigned to an external bad debt collection agency or attorney after the Application Period will not be eligible for financial assistance. HSHS will consider exceptions to this provision of the policy on a case-by-case basis. Only the Director of Patient Financial Services, System Vice President of Revenue Cycle or the Chief Financial Officer in the Local System or the Division has the authority to grant exceptions.
  - e. A copy of the approved HSHS Billing and Collection shall be given to every collection agency working with HSHS self-pay accounts to assure compliance with the policy.
  - f. Third party collection agencies working on behalf of HSHS will be regularly monitored to assure that they follow this policy. This monitoring will be conducted through periodic audits of the third-party collection agency records of patient interactions.
1. **Credit Reporting:** HSHS does authorize its collection agencies to report information on patient accounts to consumer credit reporting agencies. In certain cases, legal action may be utilized by HSHS, or its collection agencies, to collect patient self-pay balances. A collection agency may not initiate legal action for non-payment of a HSHS bill against a patient, or patient guarantor, or seek judgment until after 120 days from the first post-discharge statement. If legal judgment is obtained, the following actions may be utilized: wage garnishments, property liens, and liens on insurance settlements associated with the cost of services provided by HSHS for which there is an outstanding balance.
  2. **Legal Actions:** HSHS will be consulted prior to pursuing legal actions. All accounts will be reviewed on a case-by-case basis and will take into consideration the patient or patient guarantor's situation. HSHS management will review all relevant collection activity to ensure that all attempts at voluntary collection have taken place, and the account meets the requirements for litigation.
3. **Liens on Estates of Deceased Patients**
    - a. Deceased Patients with no surviving spouse: HSHS may place a lien on an estate of a deceased patient, if that patient has no surviving spouse.



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- b. Deceased Patients with a surviving spouse: The surviving spouse of a deceased patient, with outstanding HSHS bills, is assumed to be responsible for payment of those obligations provided HSHS has not received a Marital Property Agreement from the patient opting out of marital property before the care was provided.
- 4. This policy shall be supervised by the Patient Accounts Manager (or another colleague designated by the Local System CFO, Division CFO or System Vice President of Revenue Cycle). He or she shall be responsible for administering the guidelines, assuring that payment plans meet the requirements of this policy and notifying the patient and/or guarantor of the final determination. Deviation from the standard will be at the discretion of the Manager/Director of the local facility business office.
- 5. Training will be provided to staff engaging in collection interactions. Staff responsible for collecting self-pay accounts will receive training on customer service, account negotiation/resolution and collection skills. Training will focus on the HSHS Billing/Collection policies and its commitment to treat all patients with compassion and dignity. The training will review collection scripts and other information required to effectively inform patients of HSHS policies.
- 6. Confidentiality of information will be maintained for all patients as required by HSHS policies and federal and state laws. Information collected in the determination of payment plans or for collection actions will be kept in the patient account or locked files or until destroyed in accordance with HSHS policies and federal and state document retention laws.
- 7. Other circumstances may compellingly show that full payment of outstanding medical expenses could cause serious social and/or financial hardship to the patient or the household. These circumstances may warrant an exceptional financial assistance reduction to be considered on a case by case basis.
- 8. The preceding guidelines are set forth in establishing the Billing & Collection Policy. HSHS may modify these guidelines at any time consistent with existing law. HSHS reserves the right to approve or deny a payment plan arrangement at its discretion. In implementing this Policy, HSHS management shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Billing & Collection policy.
- 9. Information on the HSHS Billing & Collection Policy will be made available to patients and the community served by HSHS through a variety of sources. Please see Appendix B for additional details.

**ORIGINATOR:** \_\_\_\_\_ *Kayla Boyd*  
System Director, Revenue Integrity & Compliance

**ACCOUNTABLE LEADER:** \_\_\_\_\_ *Mike Cottrell*  
Chief Financial Officer

**ADMINISTRATIVE APPROVAL:** \_\_\_\_\_ *Mary Starmann-Harrison*  
President & CEO

**APPENDIX A**  
**DISCOUNT LEVEL (Effective July 2017)**

**Uninsured Discount:** HSHS will provide an uninsured discount at the time that the undiscounted chargers are rendered. This discount will apply to the accounts of patients with no coverage for payment from health insurance and/or other third-party payors.

Illinois HSHS facilities will offer the following discounts to uninsured patients.

Central Illinois Division will offer a 35% discount.

Southern Illinois Division will offer a 35% discount.

Wisconsin HSHS facilities will offer the following discounts to uninsured patients:

Eastern Wisconsin Division will offer a 50% discount.

Western Wisconsin Division will offer a 25% discount.



**APPENDIX B  
PUBLIC ACCESS TO POLICY**

Information on the Hospital Sisters' Health System Billing & Collection Policy and the Hospital Sisters' Health System Financial Assistance Program Policy will be made available to patients and the communities served by HSHS through a variety of sources.

1. Patients and guarantors may request copies of the Billing & Collection Policy or other Patient Financial Services policies via mail or by phone using the contact information that is listed below.

<b>Wisconsin</b>	<b>Illinois</b>
<p><b><u>Eastern Wisconsin</u></b>                      St. Mary's Hospital - Green Bay, WI                      St. Vincent Hospital - Green Bay, WI                      St. Nicholas Hospital - Sheboygan, WI                      St. Clare Hospital - Oconto Falls, WI</p> <p>All <b>Eastern Wisconsin</b> correspondence should be sent to the following address:</p> <p>Patient Financial Services                      Attention: Financial Assistance Program                      PO Box 13508                      Green Bay, WI 54307</p> <p>Local - (920) 433-8122                      Toll Free - (800) 211-2209                      Fax - (920) 431-3161</p>	<p>St. John's Hospital - Springfield, IL                      St. Francis' Hospital - Litchfield, IL                      St. Mary's Hospital - Decatur, IL                      Good Shepherd Hospital - Shelbyville, IL                      St. Elizabeth's Hospital - Belleville, IL                      St. Joseph's Hospital - Highland, IL                      St. Anthony's Hospital - Effingham, IL                      St. Joseph's Hospital - Breese, IL                      Holy Family Hospital, Greenville, IL</p> <p>All <b>Illinois</b> correspondence should be sent to the following address:</p> <p>Patient Financial Services                      Attention: Financial Assistance Program                      P.O. Box 13427                      Springfield, IL 62791</p> <p>Toll Free - (888) 477-4221                      Email- <a href="mailto:ILSBO@hshs.org">ILSBO@hshs.org</a></p>
<p><b><u>Western Wisconsin</u></b>                      St. Joseph's Hospital - Chippewa Falls, WI                      Sacred Heart Hospital - Eau Claire, WI</p> <p>All <b>Western Wisconsin</b> correspondence should be sent to the following address:</p> <p>Patient Financial Services                      Attention: Financial Assistance Program                      900 West Clairemont Avenue                      Eau Claire, WI 54701</p> <p>Local - (715) 717-4141                      Toll Free - (888) 445-4554                      Fax - (715) 717-4032</p>	

2. Patients and guarantors may connect to our system website ([www.hshs.org/fap](http://www.hshs.org/fap)) or [hospital's websites](#) for additional information regarding this and other Patient Financial Services policies:

### **Easter Wisconsin Division**

- HSHS St. Mary's Hospital Medical Center:  
<https://stmgb.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance-Community-Care-Program.aspx>
- HSHS St. Vincent Hospital  
<https://www.stvincenthospital.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance-Community-Care-Program.aspx>
- HSHS St. Clare Hospital  
<https://www.stclarememorial.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance-Community-Care-Program.aspx>
- HSHS St. Nicholas Hospital  
<https://www.stnicholashospital.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance-Community-Care-Program/>

### **Western Wisconsin Division**

- HSHS Sacred Heart Hospital  
<https://www.sacredhearteauclaire.org/Hospital-Information/About/Community-Care-Program>
- HSHS St. Joseph's Hospital  
<http://www.stjoeschipfalls.org/Patients-Guests/Financial-Assistance>

### **Central Illinois Division**

- HSHS Good Shepherd Hospital  
<https://hshsgoodshepherd.org/Patients-and-Guests/Patient-Financial-Services/Financial-Assistance>
- HSHS St. Francis Hospital  
<http://www.stfrancis-litchfield.org/Patient-Guest/Patient-Financial-Services/Financial-Assistance.aspx>
- HSHS St. John's Hospital  
<https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx>
- HSHS St. Mary's Hospital  
<https://www.stmarysdeatur.com/Patient-Guest/Patient-Financial-Services/Financial-Assistance.aspx>

### **Southern Illinois Division**

- HSHS Holy Family Hospital  
<http://www.hshsholyfamily.org/Patient-Guest/Financial-Assistance>
- HSHS St. Anthony's Hospital  
<https://www.stanthonyshospital.org/Patient-Guest/Financial-Assistance>
- HSHS St. Elizabeth's Hospital  
<http://www.steliz.org/Patient-Guest/Financial-Assistance>
- HSHS St. Joseph's Hospital – Breese  
<http://www.stjoebreese.com/Patient-Guest/Financial-Assistance>

- HSHS St. Joseph's Hospital – Highland  
<http://www.stjosephshighland.org/Patient-Guest/Financial-Assistance>
3. Patients and guarantors may request copies of the Billing & Collection Policy in person at the any of the system ministries. Applications are available in-patient access, registration, admitting and emergency department areas or by asking a HSHS colleague for assistance.