

Our Mission

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



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.
Lláme al:

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

Patient Financial Services
Local: 920/433-8122
Toll Free: 800/211-2209

#5876-C (R 01/20)

2020 Financial Assistance Program



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

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 insurance and public aid when appropriate.

These guidelines are effective February 2020, 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

February 2020 through January 2021

Based on gross family income shown below as a percentage of 2020 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL)	200% FPL	300% FPL	400% FPL
	2020			
1	\$12,760	\$25,520	\$38,280	\$51,040
2	17,240	34,480	51,720	68,960
3	21,720	43,440	65,160	86,880
4	26,200	52,400	78,600	104,800
5	30,680	61,360	92,040	122,720
6	35,160	70,320	105,480	140,640
7	39,640	79,280	118,920	158,560
8	44,120	88,240	132,360	176,480
9	48,600	97,200	145,800	194,400
10	53,080	106,160	159,240	212,320

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.stmgb.org

HSHS St. Nicholas Hospital
www.stnicholashospital.org