Hospital Sisters HEALTH SYSTEM

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SYSTEM: Hospital Sisters Health System	**MANUAL(S): Executive Manual**
TITLE: Billing & Collection Policy	**ORIGINATING DEPARTMENT: Revenue Cycle Management**
EFFECTIVE DATE: April 20, 2023	**REVISION DATE(S): 6/23/2023**
SUPERCEDES: 12/14/20, 6/25/20, 10/1/17	

* 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).

I. POLICY

The purpose of this Policy is to provide clear and consistent guidelines for conducting billing, collections, and recovery functions in a manner that promotes compliance with Internal Revenue Code (IRC) Section 501(r) and applicable collection laws and regulations, patient satisfaction, and efficiency.

II. PURPOSE:

This Policy outlines the circumstances under which Hospital Sisters Health System (HSHS) will undertake collections actions on delinquent patient accounts related to the provision of Emergency Medical Care and Medically Necessary Care (herein referred to as services) and identifies Permissible Collections Activities. This Policy describes the actions that HSHS may take to obtain payment of a bill for medical services in the event of non-payment, including, but not limited to, any permissible collection actions.

After HSHS patients have received services, HSHS will bill patients/Guarantors and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all outstanding accounts will be managed in accordance with all applicable laws and regulations. In addition, HSHS values require that all individuals be treated with respect, care, competence, and joy. HSHS has defined certain collections actions to conflict with HSHS organizational values and have prohibited their use at any time.

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. PRINCIPLES

Using billing statements, written correspondence, and phone calls, HSHS will make diligent efforts to inform patients/Guarantors of their financial responsibilities and available Financial Assistance options, as well as follow up with patients/Guarantors regarding outstanding accounts. As Catholic health care providers, HSHS is called to meet the needs of patients and others who seek care, regardless of their financial abilities to pay for the services provided.

Finally, HSHS is designated as charitable (i.e., tax-exempt) organization under IRC Section 501(c)(3). Pursuant to IRC Section 501(r), among other things, to remain tax-exempt, HSHS must do the following with respect to patients receiving services at any Hospital Facility:

- Limit the amounts individuals eligible for Financial Assistance are charged for services to not

more than the Amounts Generally Billed (AGB) to individuals who have insurance covering such care;

- Bill less than gross charges to individuals eligible for Financial Assistance for all other medical care; and
- Not engage in Extraordinary Collections Actions before HSHS has made reasonable efforts to determine whether the individual is eligible for assistance under HSHS Financial Assistance Policy.

V. DEFINITIONS

Amounts Generally Billed (AGB) means the amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying uninsured patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.50®-5(b) (3) of the Internal Revenue Service Code. The Look Back Method will be based on Medicare fee-for-services together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior twelve-month calendar year period. The numerator will be comprised of all allowed claims from Medicare fee-for-service claims and all private health insurers paying claims inclusive of amounts for co-insurance, co-payments, and deductibles. The gross charges for said claims will be included in the denominator. The AGB is calculated no less frequently than annually and is available upon request from each HSHS local ministry or Single Billing Office and publicly on the website at www.hshs.org/fap.

Application Period means the period during which a FAP application may be submitted for consideration of Financial Assistance eligibility. The Application Period begins on the date care is provided and ends on the later of the 240th day after the date the first post-discharge statement for the care is provided or either: (i) the date specified in a written notice from HSHS regarding its intention to initial ECAs; or (ii) in the case of a patient who has been deemed presumptively eligible for Financial Assistance less than 100%, the end of the reasonable time to apply for Financial Assistance as described in Section VI of the Financial Assistance Policy.

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.

Colleague or Delegate means HSHS employees or contractors who will assist patients with the process to apply for financial assistance under the Financial Assistance Program.

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.

Extraordinary Collections Actions or "ECAs": For purposes of this Financial Assistance Program 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 subjected 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. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding.

ECAs do not include any lien that a Hospital Facility is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) because of personal injuries for which the Facility provided care.

Family is 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 Service rules, then they may be considered a dependent for purposes of the provision of financial

assistance.

Financial Assistance means assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for services provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Financial Assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract.

Financial Assistance Policy (FAP) means HSHS Financial Assistance which describes HSHS Financial Assistance program, including the criteria patients/Guarantors must meet to be eligible for Financial Assistance as well as the process by which individuals may apply for Financial Assistance.

Guarantor means 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.

Hospital Facility (or Facility) means a healthcare facility that is required by a state to be licensed, registered, or similarly recognized as a hospital and that is operated by HSHS. In reference to the performance of billing and collection activities, the term "Hospital Facility" may also include a Designated Supplier.

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.

Marital Property Agreement is a formal agreement that the spouses sign that classifies the ownership interest of any property. The spouses can also specify what happens to the property in the event of divorce or death. A marital property agreement is like an estate plan and provides the court with guidance on how to divvy up assets.

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

Notification Period means the 120-day period beginning on the date the Hospital Facility provides the first post-discharge billing statement for services. A Facility will refrain from engaging in an ECA during the Notification Period, unless reasonable efforts have been made to determine a patient is eligible for Financial Assistance.

Presumptive Eligibility: Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

Suspending ECAs when a Financial Assistance Application (FAA) is Submitted means a Facility (or other authorized party) does not initiate an ECA, or take further action on any previously initiated ECAs, to obtain payment for the services until either:

- The Facility has determined whether the individual is Financial Assistance-eligible based on a complete Financial Assistance application and met the reasonable efforts requirement, as defined herein, with respect to a completed FAA; or
- In the case of an incomplete FAA, the individual has failed to respond to requests for additional information or documentation within a reasonable period (thirty (30) days) given to respond to such requests.

Uninsured means an individual having no third-party coverage by 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 to assist with meeting his or her payment obligations.

Underinsured means an individual with private or public insurance coverage, for whom it would be a financial

hardship to fully pay the expected out-of-pocket expenses for services covered by this Policy.

VI. BILLING PRACTICES

HSHS will follow standard procedures in collecting on accounts related to services provided at a HSHS Hospital Facility as follows:

A. Insurance Billing

- For all insured patients, HSHS will bill applicable third-party payers (based on information provided or verified by the patient/Guarantor, or appropriately verified from other sources) in a timely manner.
- If an otherwise valid claim is denied (or not processed) by the payer due to an error by HSHS, HSHS will not bill the patient for any amount more than what the patient would have owed had the payer paid the claim.
- If an otherwise valid claim is denied (or not processed) by a payer due to factors outside of the HSHS's control, colleagues will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after reasonable follow-up efforts, HSHS may bill the patient or take other actions consistent with payer contracts.

B. Patient Billing

- All patients/Guarantors will be billed directly and timely and receive a statement as part of the HSHS's normal billing process.
- For insured patients, after claims have been processed by all available third-party payers, HSHS will bill patients/Guarantors in a timely manner for their respective liability amounts as determined by their insurance benefits.
- All patients/Guarantors may at any time request, and HSHS will provide, an itemized statement for their accounts.
- If a patient disputes his or her account and requests documentation regarding the bill, colleague will provide the requested documentation in writing within ten (10) days (if possible) and will hold the account for at least thirty (30) days before referring the account for collection.
- HSHS shall approve payment plan arrangements for patients/Guarantors who indicate they may have difficulty paying their balance in a single installment.
- Revenue Cycle leadership has the authority to make exceptions to this provision on a case-by-case basis for special circumstances (in accordance with operating procedures).
- HSHS is not required to accept patient-initiated payment arrangements and may refer accounts to a third-party collection agency as outlined below if the patient defaults on an established payment plan.

C. Payment Plans

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 12 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.

- 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.
- If the account balance is less than $250.00, payment plans can be offered up to 4 months.
- If the account balance is $250.00 - $499.99, payment plans can be offered up to 6 months
- If the account balance is $500.00 - $999.99, payment plans can be offered up to 10 months.

- If the account balance is $1,000.00 or greater, payment plans can be offered up to 12 months.
- If an account cannot be paid within the timeframes established, the patient can be referred to Commerce Bank for an extended payment plan.
- If an HSHS patient with an existing payment plan subsequently receives services at HSHS and incurs additional self-pay balances, the patients, or patient guarantor's current payment plan may be revised to account for the additional charges.

D. **Extended Payment Plans**: Patients or their guarantors who need financing beyond the allowed internal 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.

E. **Collection Practices**

- Any collection activities conducted by HSHS, a Designated Supplier, or its third-party collection agents will be in conformance with all federal and state laws governing debt collection practices.

- All patients/Guarantors will have the opportunity to contact HSHS regarding Financial Assistance, payment plan options, and other applicable programs that may be available with respect to their accounts, as provided in Section VI, section C.
    - HSHS FAP is available free of charge.
    - Individuals with questions regarding a HSHS FAP may contact the financial counseling office by phone, email or in person.

- In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Policy, HSHS may engage in collection activities, including Permissible ECAs, to collect outstanding patient balances.
    - General collection activities may include phone calls, statements, and other reasonable efforts in accordance with standard industry practices.
    - Patient balances may be referred to a third-party for collection at the discretion of HSHS and in compliance with all applicable federal, state, and local non-discrimination practices. HSHS will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:
        - There is a reasonable basis to believe the patient owes the debt.
        - All third-party payers identified by the patient/Guarantor in a prompt and timely manner that have been properly billed, and the remaining debt is the financial responsibility of the patient. HSHS shall not bill a patient for any amount the insurance company or a third-party is obligated to pay.
        - HSHS will not refer accounts for collection while a claim on the account is pending payment from a third-party payer. However, claims which remain in "pending" status with a third-party payer for an unreasonable length of time despite efforts to facilitate resolution may be re-classified as "denied."
        - HSHS will not refer accounts for collection when the insurance claim was denied due to a HSHS error. However, HSHS may still refer the patient liability portion of such claims for collection if unpaid.
        - HSHS will not refer accounts for collection where the patient has initially applied for Financial Assistance, and HSHS has not yet made reasonable efforts (as defined below) with respect to the account.
        - Upon receipt of a notice of Bankruptcy Discharge, HSHS will cease all collection attempts, including assignment to a collection agency. The patient/debtor will not be contacted by any method, including phone calls, letters, or statements after receipt of the notification. All communication, if necessary, must occur with the trustee or the attorney assigned to the case.

- HSHS does not permit harassing, abusive, oppressive, false, deceptive, or misleading language or collection conduct by its debt collection attorneys, agencies or their agents and employees nor their own colleagues responsible for collecting medical bills from patients.

VII. REASONABLE EFFORTS AND EXTRAORDINARY COLLECTION ACTIONS

Before engaging in ECAs to obtain payment for services, HSHS must make reasonable efforts to determine whether an individual is eligible for FA. In no event will an ECA be initiated prior to 120 days (or longer, if required by applicable law) from the date HSHS provides the first post-discharge billing statement (i.e., during the Notification Period) unless all reasonable efforts have been made. The following scenarios describe the reasonable efforts HSHS must take before engaging in ECAs.

A. Engaging in ECAs – Notification Requirement

- With respect to any service provided by HSHS, a patient must be notified about the FAP as described herein, prior to initiating an ECA. The notification requirement is as follows:
  - **Written Notification**
    - The patient statement will contain a conspicuous written notice that notifies and informs the patient or guarantor about the availability of financial assistance under the FAP including the telephone number of the department and direct website address where copies of the documents, including the FAA may be obtained.
    - Include a plain language summary of the FAP.
    - Identify the ECA(s) that the Hospital Facility (or other authorized party) intends to initiate to obtain payment for the services if the amount due is not paid or a Financial Assistance Application is not submitted before a specified deadline, which is no earlier than the last day of the Application Period.
  - **Notification in the Event of Multiple Episodes of Care** - HSHS may satisfy this notification requirement simultaneously for multiple episodes of care and notify the individual about the ECAs HSHS intends to initiate to obtain payment for multiple outstanding bills for services. However, if HSHS aggregates an individual's outstanding bills for multiple episodes of services before initiating one or more ECAs to obtain payment for those bills, it will not have made reasonable efforts to determine whether the individual is FAP-eligible unless it refrains from initiating the ECA(s) until 120 days after the first post-discharge billing statement for the most recent episode of care included in the aggregation.

B. Reasonable Efforts when a Patient Submits an Incomplete Financial Assistance Application (FAA)

- HSHS will suspend any ECAs already initiated against the patient/Guarantor until Financial Assistance eligibility has been determined.
- HSHS will provide a written notification to the patient with a list of required documentation the patient or Guarantor must provide to consider the FAA complete and give the patient thirty (30) days to provide the necessary information. The notification will include the contact information, including telephone number and physical location of the Facility or department within the Facility that can provide information about and assist with the preparation of the FAP.

C. Reasonable Efforts when a Completed FAA Is Submitted

- If a patient submits a completed FAA during the Application Period, HSHS must:
  - Suspend any ECAs to obtain payment for services.
  - Decide as to whether the individual is FAP-eligible for the services and notify the individual in writing of this eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

- If HSHS determines the individual is FAP-eligible for the services, HSHS must do the following:
  - The Financial Assistance application will be applied to present accounts and to accounts for the previous 240 days from the receipt date of the first patient statement. If any personal payments have been made during this time and if the amount of charity received would create a credit balance, a refund will be issued.
  - Take all reasonably available measures to reverse any ECA, including the removal of any adverse information that was reported to a consumer reporting agency or credit bureau from the individual's credit report.
- If HSHS determines the individual is not FAP-eligible for the services, HSHS will have made reasonable efforts and may engage in the Permissible ECAs.

D. Permissible Extraordinary Collections Actions

- After making reasonable efforts, which includes the notification requirement, to determine Financial Assistance eligibility as outlined above, HSHS (or other authorized party) may engage in the following ECAs to obtain payment for services:
  - Selling an individual's debt to another party except as expressly provided by federal law; and
  - Reporting adverse information about the individual to consumer credit bureaus.

HSHS will refrain from ECAs against a patient if he or she provides documentation that he or she has applied for health care coverage under Medicaid, or other publicly sponsored healthcare programs, unless or until the individual's eligibility for such programs has been determined and any available coverage from third parties for the services has been billed and processed.

E. Reasonable Efforts - Third-Party Agreements

- With respect to any sale or referral of an individual's debt related services to another party (except for those debt sales not considered an ECA as described in the Internal Revenue Service Treasury Regulations) HSHS will enter and, to the extent applicable, enforce a legally binding written agreement with the party. To meet the requirement to engage in reasonable efforts to determine an individual's FAP-eligibility, these agreements must, at a minimum, include the following provisions:
  - If the individual submits an FAA (whether complete or incomplete) after the referral or sale of the debt but before the end of the Application Period, the party will Suspend ECAs to obtain payment for the services.
  - If the individual submits an FAA (whether complete or incomplete) after the referral or sale of the debt but before the end of the Application Period and is determined to be FAP-eligible for the services, the party will do the following in a timely manner:
    - Adhere to procedures specified in the agreement and this Policy so that the individual does not pay, and has no obligation to pay, the party and HSHS together more than he or she is required to pay for the services as a FAP-eligible individual.
    - If applicable, and if the party (rather than HSHS) has the authority to do so, take all reasonably available measures to reverse any ECA (other than the sale of a debt) taken against the individual.
  - If the third-party contractor refers or sells the debt to a subsequent party (the fourth party) during the Application Period, the third-party will obtain a written agreement from that subsequent party including all the elements described under this section.
  - The third-party contractor must make reasonable attempts to work with a patient with unpaid bills to resolve his/her account. Aggressive or unethical collection practices are not tolerated.

F. Reasonable Efforts – Providing Documents Electronically

- HSHS may provide any written notice or communication described herein electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

G. Liens on Estates of Deceased Patients

- 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.
- 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 form the patient opting out of marital property before the services were provided.

VIII. FINANCIAL ASSISTANCE DOCUMENTATION

A. Processing Requests

- HSHS values of respect, care, competence, and joy shall be reflected in the application process, financial need determination, and granting of assistance.
- Requests for Financial Assistance shall be processed promptly, and HSHS shall notify the patient or applicant in writing within thirty (30) to sixty (60) days of receipt of a completed application.
- HSHS will not decide eligibility on information it has reason to believe is false or unreliable or obtained through the use of coercive practices.
- If eligibility is approved based on the completion of an FAA, the patient will be granted Financial Assistance for all eligible accounts incurred for services received 240 days prior to the determination date and prospectively for a period of six (6) months from the determination date.
- If eligibility is approved based on Presumptive Eligibility criteria, Financial Assistance will also be applied to all eligible accounts incurred for services received 240 days prior to the determination date. The Presumptively Eligible individual will not receive Financial Assistance for services rendered after the date of determination without completion of an FAA or a new determination of Presumptive Eligibility.
- If denied eligibility for Financial Assistance offered by HSHS, a patient or Guarantor, may re-apply whenever there has been a material change of income or status.
- Patients/Guarantors may seek a review from HSHS in the event of a dispute over the application of this Policy or the FAP. Patients/Guarantors denied Financial Assistance may also appeal their eligibility determination.
- The basis for the dispute or appeal should be in writing and submitted within fourteen (14) days of the decision on Financial Assistance eligibility.
- HSHS will postpone any determination of FAP eligibility because HSHS is awaiting the results of a Medicaid application.

B. Presumptive Financial Assistance

- Reasonable efforts to determine FAP-eligibility are not required when an individual is determined eligible for Presumptive Financial Assistance.
- **Medicaid** - Medicaid patients who receive non-covered medically necessary services will be considered for Presumptive Financial Assistance. Financial assistance may be approved in instances prior to the Medicaid effective date.

IX. RESPONSIBILITY

HSHS Revenue Cycle Management is ultimately responsible for determining whether HSHS has made reasonable efforts to determine whether an individual is eligible for Financial Assistance. This body also has final authority in deciding whether the Hospital Organization may proceed with any of the ECAs outlined in this Policy.

Hospital Sisters
HEALTH SYSTEM

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ORIGINATOR: Mark D. Evard
Vice President, Revenue Cycle Management

ADMINISTRATIVE APPROVAL: Daniel Boaz
President & CEO

APPENDIX A
DISCOUNT LEVEL
(Effective: January 2023)

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.
Illinois Ministry will offer a 72% discount.

Wisconsin HSHS facilities will offer the following discounts to uninsured patients:
Eastern Wisconsin Ministry will offer a 66% discount.
Western Wisconsin Ministry will offer a 57% discount.

HSHS Medical Group will offer the following discounts to uninsured patients:
HSHS Medical Group will offer a 35% 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.

Wisconsin	**Illinois**
Eastern Wisconsin St. Mary's Hospital - Green Bay, WI St. Vincent Hospital - Green Bay, WI St. Nicholas Hospital - Sheboygan, WI St. Clare Hospital - Oconto Falls, WI All **Eastern Wisconsin** correspondence should be sent to the following address: Patient Financial Services Attention: Financial Assistance Program PO Box 13508 Green Bay, WI 54307 Toll Free – (800) 994-0368 Fax – (920) 431-3161	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 All **Illinois** correspondence should be sent to the following address: Patient Financial Services Attention: Financial Assistance Program PO Box 13427 Springfield, IL 62791 Toll Free – (800) 994-0368 Email – ILSBO@hshs.org
Western Wisconsin St. Joseph's Hospital - Chippewa Falls, WI Sacred Heart Hospital - Eau Claire, WI All **Western Wisconsin** correspondence should be sent to the following address: Patient Financial Services Attention: Financial Assistance Program 900 West Clairemont Avenue Eau Claire, WI 54701 Toll Free – (800) 994-0368 Fax – (715) 717-4032	

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

Eastern 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.stmarysdecatur.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.