

## **Ascension Wisconsin**

Ascension SE Wisconsin Hospital – St Joseph Campus, Ascension SE Wisconsin Hospital – Elmbrook Campus, Ascension SE Wisconsin Hospital – Wauwatosa/Brown Deer Campus, Ascension All Saints Hospital, Ascension SE Wisconsin Hospital – Franklin Campus, Ascension St. Francis Hospital and Midwest Orthopedic Specialty Hospital, LLC, Ascension Wisconsin Surgery Center-Mount Pleasant, Columbia St. Mary’s Hospital Milwaukee, St. Mary’s Hospital Ozaukee, and Sacred Heart Rehabilitation Institute, Ascension Wisconsin Hospital Greenfield Campus (Emerus joint venture), Ascension Wisconsin Hospital Menomonee Falls Campus (Emerus joint venture), Ascension Wisconsin Hospital Waukesha Campus (Emerus joint venture), Women’s Outpatient Center, ASWI-AMG-WI Avenue Family Practice, Ascension Calumet Hospital, Ascension NE Wisconsin Mercy Hospital, Ascension NE Wisconsin St. Elizabeth Hospital, and related Ascension Medical Group providers.

### **Summary of Financial Assistance Policy**

Ascension Wisconsin, including the health ministries listed above, have a commitment to and respect for each person’s dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Wisconsin has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Wisconsin provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Wisconsin. This summary provides a brief overview of Ascension Wisconsin’s Financial Assistance Policy.

#### **Who Is Eligible?**

You may be able to get financial assistance if you live in any county in Wisconsin that has an Ascension WI facility or clinic including but not limited to Outagamie, Winnebago, Calumet, Marathon, Portage, Lincoln, Oneida, Vilas, Clark, Milwaukee, Waukesha, Ozaukee, Washington, Racine, Kenosha and Jefferson Counties. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

#### **What Services Are Covered?**

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

#### **How Can I Apply?**

To apply for financial assistance, you will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. Complete the written application and provide all necessary supporting documentation within 240 days of your first statement. Your application will be reviewed for eligibility in the Financial Assistance Program and any qualifying third-party payor or assistance programs. After we received your application and supporting documents, we will notify you in writing whether or not you qualify for the program.

#### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may request an appointment with a Financial Advocate at any Ascension WI facility, or contact a Financial Advocate at 833-913-3141.

**How Can I Get More Information?**

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/Financial-Assistance/Wisconsin> and at Information, Registration and Emergency Departments at any Ascension WI facility of office. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by sending a request to Financial Advocate, Ascension WI Corporate Services Office, 801 S. 60<sup>th</sup> St., Suite 150, West Allis, WI 53214 or by email at [financialcounselor@r1rcm.com](mailto:financialcounselor@r1rcm.com). Additional information about the Financial Assistance Policy also is available by telephone at 877-304-6332

**What If I Am Not Eligible?**

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact a Financial Advocate at any Ascension WI facility, by email at [financialcounselor@r1rcm.com](mailto:financialcounselor@r1rcm.com), or by telephone at 833-913-3141.

**Translations of the Financial Assistance Policy, the Financial Assistance Policy application and instructions, and this plain language summary are available in the following languages on our website and upon request:**

Spanish, Hmong, Russian

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