

## FINANCIAL ASSISTANCE POLICY

Amery Hospital & Clinic (“Amery” or “Hospital”) is committed to providing quality medical care to our patients, including those in need of financial assistance. As a result, our Financial Assistance Policy (referred to herein as “FAP” or “Policy”) is available to uninsured or underinsured patients based on the patient’s ability to pay for emergency and other medically necessary care. Our Policy is available to provide episodic help; it is not meant to provide long-term, free or discounted care. Our Policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our Hospital and our emergency medical care policy.

Patients can obtain free copies of this Policy at all Patient Registration locations at Amery. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at 1-715-268-8000. Free copies of this policy and the financial assistance application form are also available at <http://www.amerymedicalcenter.org>.

### ELIGIBILITY CRITERIA

The following is the eligibility criteria for those patients having difficulty paying their hospital bills:

#### 1. Financial Assistance Eligibility

- The patient must be a resident of Wisconsin or Minnesota (a minimum of 30 days prior to receipt of service) or in the Hospital’s service area for reasons unrelated to their health.
- The patient must provide evidence that they have been or would be denied government benefits, such as Medicaid.
- The patient must fully exhaust any available government assistance programs and any available health insurance benefits.
- The patient must complete the Amery Hospital & Clinic Financial Assistance Application and supply all requested documentation.
- The patient’s eligibility for free or discounted care will be based on household income and family size as follows:

- ✓ Patients with a gross income and family size at or below 200% of the Federal Poverty Level (FPL) will receive 100% financial assistance discounts.
- ✓ Patients with a gross income and family size that place them above 200% but not more than 300% FPL will receive partial financial assistance based on the following Table.

Financial Assistance Discount Table

Family Size	Federal Poverty Income level (FPL)	% FPL	Family Gross Income	Discount %
1	\$12,140	100%	\$12,140	100%
		150%	\$18,210	100%
		200%	\$24,280	100%
		250%	\$30,350	75%
		300%	\$36,420	50%
2	\$16,460	100%	\$16,460	100%
		150%	\$24,690	100%
		200%	\$32,920	100%
		250%	\$41,150	75%
		300%	\$49,380	50%
3	\$20,780	100%	\$20,780	100%
		150%	\$31,170	100%
		200%	\$41,560	100%
		250%	\$51,950	75%
		300%	\$62,340	50%
4	\$25,100	100%	\$25,100	100%
		150%	\$37,650	100%
		200%	\$50,200	100%
		250%	\$62,750	75%
		300%	\$75,300	50%
5	\$29,420	100%	\$29,420	100%
		150%	\$44,130	100%
		200%	\$58,840	100%
		250%	\$73,550	75%
		300%	\$88,260	50%
6	\$33,740	100%	\$33,740	100%
		150%	\$50,610	100%
		200%	\$67,480	100%
		250%	\$84,350	75%
		300%	\$101,220	50%
7	\$38,060	100%	\$38,060	100%
		150%	\$57,090	100%
		200%	\$76,120	100%
		250%	\$95,150	75%
		300%	\$114,180	50%
8	\$42,380	100%	\$42,380	100%
		150%	\$63,570	100%
		200%	\$84,760	100%
		250%	\$105,950	75%
		300%	\$127,140	50%

\* Add \$4,320 for each additional person

### HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) in person or mail to: Amery Hospital & Clinic, Patient Financial Services 265 Griffin St. East, Amery, WI 54001
2. Patients may also fax completed applications and appropriate income verification(s) to Patient Financial Services at 715-268-0261.
3. Appropriate income verification(s) include a copy of the patient's most recent Federal 1040 tax return including all applicable schedules, 2 most recent paycheck stubs, and/or a benefit letter for Social Security, unemployment or disability benefits.
4. The application can be printed from our website at <http://amerymedicalcenter.org> or patients can obtain a copy by calling Patient Financial Services at 715-268-8000. We are open Monday – Thursday from 8:00 a.m. – 4:30 pm. and Friday 8:00 a.m. – 4:00 p.m.
5. Patients may contact Patient Financial Services at 715-268-8000 with questions about the application or to arrange/schedule an appointment with a Financial Counselor.

### FINANCIAL ASSISTANCE CALCULATION

Amery calculates a patient's level of financial assistance as follows:

1. A patient eligible for financial assistance will not be charged more than amounts generally billed (AGB) to insured patients by the Hospital for emergency or other medically necessary care. Currently, the Hospital determines AGB by multiplying gross charges for any emergency or other medically necessary care provided to a patient eligible for financial assistance by an AGB percentage of 57%, which is a 43% discount. The Hospital calculated this percentage by dividing the sum of all its claims for medically necessary care allowed by health insurers during a prior 12 month period by the sum of the associated gross charges for those claims.

For example: Patient A has a \$10,000 hospital bill. Patient A is eligible for financial assistance. Amery will not charge Patient A more than \$5,700 for the care related to that bill (10,000 X (AGB) 57%).

### **PRESUMPTIVE ELIGIBILITY DETERMINATIONS**

Amery may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination or meeting certain circumstances for financial assistance, which include:

- Homelessness
- Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient
- Qualification and effective date for Medicaid subsequent to the service dates
- Incarceration
- Military- special circumstances

If a patient is presumptively determined to be eligible for less than the most generous financial assistance, the Hospital will notify the patient as to the basis for the presumptive determination, how to apply for more generous assistance, give the patient a reasonable amount of time to apply for more generous assistance, and make a determination once a complete application for more generous assistance is received.

### **LIST OF PROVIDERS IN HOSPITAL**

Amery is required to list all providers, other than the Hospital itself, delivering emergency or other medically necessary care in the Hospital and specify which providers are covered by this Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting <http://www.amerymedicalcenter.org> or request a paper copy by contacting Patient Financial Services at 715-268-8000.

### **EMERGENCY MEDICAL CARE POLICY**

Amery provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. Amery prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of the Hospital demanding that emergency department patients pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care.

Amery will comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. Amery will provide all emergency services in accordance with CMS conditions of participation.

### **SEPARATE BILLING & COLLECTIONS POLICY**

The actions that the Hospital may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Hospital's Billing & Collections Policy can be viewed and downloaded on our website at <http://www.amerymedicalcenter.org>.