



## **Beloit Health System Financial Assistance Policy – Plain Language Summary**

### **Financial Assistance Offered**

Beloit Health System’s mission is to be the leader in regional health and wellness services for the residents of Southern Wisconsin and Northern Illinois. As part of this mission, Beloit Health System offers Financial Assistance through its Financial Assistance Policy to patients unable to pay for emergency or other medically necessary care to preserve life or limb. Certain exclusions apply, including elective services, balances covered by other funding sources and failure to cooperate in securing alternative funding sources.

This document is only a summary, please refer to the Financial Assistance Policy for complete details.

### **Eligibility Requirements and Assistance Offered**

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, residency, and any special consideration the patient or physician would like to have considered.

### **No More Than Amounts Generally Billed (AGB)**

A patient qualifying for financial assistance will not be charged more than the amounts generally billed to patients for the same emergency or other medically necessary care to preserve life or limb who have insurance covering that care.

In general:

- Uninsured patients whose family income is equal to or less than 200% of the Federal Poverty Guidelines are generally eligible for free emergency and other medically necessary care to preserve life or limb.
- Uninsured patients whose family income is between 201% and 400% of the Federal Poverty Guidelines receive discounted care for emergency and other medically necessary care to preserve life or limb.
- Assistance may be available in other circumstances depending on the size of the patient’s medical bills and whether other eligibility criteria are met.

Patients seeking financial assistance must comply with the Financial Assistance Application process, including submitting a copy of the most recent Federal Income Tax return, most recent income information (such as paystubs or W-2’s), bank statements, as well as completing the application process for all available sources of assistance, including Medicaid or Medical Assistance.

### **How to Apply for Assistance**

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient’s care. The patient or responsible party will then be encouraged to complete a financial assistance application. To qualify for financial assistance, an application may be submitted at any time prior to the account receiving a court judgment.

Financial assistance is limited to medical care provided at a Beloit Health System location by Beloit Health System personnel. Expenses such as travel, food, lodging, durable medical equipment, and prescriptions are not covered under the Financial Assistance Policy. Beloit Health System will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).



### **Where to Obtain Copies**

Beloit Health System's Financial Assistance Policy and Application are available free of charge by calling Patient Financial Counselors at 1-800-846-1150 and requesting a copy by mail or email. The policy and application are also available online at [www.beloithealthsystem.org/financial-assistance-policy](http://www.beloithealthsystem.org/financial-assistance-policy) for downloading and printing. Copies of the policy and application are also available at the Patient Financial Services area of the hospital, main clinic and in the emergency department.

### **Contact for Information and Assistance**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from Patient Financial Counselors:

- Online at [www.beloithealthsystem.org/financial-assistance-policy](http://www.beloithealthsystem.org/financial-assistance-policy) or
- Patient Financial Counselors at 1-800-846-1150 or 1-608-363-7356 or
- You may also call Patient Customer Service at 1-608-364-1606 or
- You may visit a Patient Financial Services location at or mail a completed application with supporting documents to:
  - 1969 West Hart Road, Beloit WI 53511 (hospital lobby level) Attention: Financial Counselors
  - 1905 East Huebbe Parkway, Beloit WI 53511 (main clinic lobby level) Attention: Financial Counselors

### **For Non-English Speakers**

Translations of the Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are available at [www.beloithealthsystem.org/financial-assistance-policy](http://www.beloithealthsystem.org/financial-assistance-policy) or with assistance of an outside service provided by Beloit Health System at our Patient Financial Services locations listed above.