



Beloit Health System Charity Care Benefit

Upon patient request, it is the policy of Beloit Health System to consider a Charity Care adjustment if all other avenues have been exhausted and the patient shows there is no means of making payment on the account. All uninsured patients shall be granted an automatic "Uninsured Patient Discount" under Beloit Health System's Financial Assistance Policy which means that such patients are not charged more than the amounts generally billed to insured patients for the same emergency or other medically necessary care to preserve life or limb. Charity Care adjustments are granted at the discretion of Beloit Health System upon consideration of our financial capability and our service area mission. (The intent of this policy is that charity shall be considered when the closest healthcare provider to the patient's legal residence is Beloit Health System. Patients living closer to another provider shall be encouraged to seek free care at their nearest facility. Exceptions may be considered for patients with a long-standing relationship with a Beloit Health System physician or instances when medical emergencies occur in Beloit to individuals living outside our service area.) The following guidelines are considered:

Charity Care adjustments are available to eligible persons requiring medically necessary treatment but who are unable to pay for medical services to preserve life or limb. Eligibility for charity care shall be extended to those persons whose family income does not exceed 200% of the current Federal Poverty Guidelines. Persons whose income is not more than 400% of the Guidelines may be eligible for charity care on a reduced charge basis.

The following are excluded from consideration for charity care adjustments: Cosmetic procedures, hearing aids, podiatric products, sterilization procedures, reversals of sterilization procedures, fertility treatment, bariatric procedures, Restor, Toric, and Crysta lens procedures, and most elective procedures. Other exclusions include: Services found to be unnecessary or disallowed by government or third-party payers, accounts pending settlement from a liability claim, DME, routine or non-emergent office visits, and Home Health. Some elective cases may be considered upon attestation by the procedure physician that the condition being addressed is eminently life and/or limb threatening. This is subject to review by Utilization Review in consultation with the Department Chair and Vice President of Medical Affairs for approval.

Only Providers employed by Beloit Health System provide services that are eligible for Charity Care. Other providers who provide contracted services to Beloit Health System are not covered under the BHS Charity Care Policy. Contracted providers who are not eligible are: Beloit Radiology, Southern Wisconsin Emergency Associates, Stateline Anesthesia, and Hart Road Pathology.



Charity Care adjustments are based on the application materials and other information required under Beloit Health System's Financial Assistance Policy. A Charity Care adjustment shall be considered only after a review of the patient's accounts and a determination has been made that no third-party reimbursement is available. A Charity Care application may be completed in person with the assistance of a Credit Consultant, or it may be sent by mail accompanied by a letter of explanation from the Credit Consultant.

Patients who are employed (or patients who are the spouse or dependent of an employed individual) must show proof that group health insurance benefits were not available from the employer. Patients who have chosen not to enroll in an available group health plan may be denied Charity Care benefits.

Upon review of the Charity Care application, the Credit Consultant shall determine eligibility and notify the patient of the outcome. If the application receives partial approval, the amount owed by the patient shall be indicated in the appropriate location on the determination notice letter. Also indicated on the form shall be 100% approvals or denials.

Charity approvals shall be in effect for additional services rendered within 90 days of the date of approval. After 90 days, updated financial information may be requested.