



Community Care Eligibility Criteria includes, but is not limited to:

1. All patients will be considered for Community Care providing an application is requested within 30 days of the first billing notification and is completed by the patient and returned within 10 calendar days of receipt of the application.
2. All third party resources and other financial aid programs, including public assistance available through state Medicaid program and Badger Care must be exhausted before consideration of Community Care.
3. Services provided are medically necessary and not cosmetic or elective in nature.
4. The patient account balance is not pending settlement from a liability claim.
5. The patient account balance has not been placed with an outside collection agency.
6. The patient/guarantor or guarantor family meets the income, asset, and geographic guidelines provided in the Criteria for Community Care.
7. Applicants that maintain certain land/property equity or liquid assets are not eligible for full 100% Community Care reduction. However, consideration for Community care will be given based upon the amount of the hospital bill, personal income and personal assets.
8. Falsification of the application, refusal to cooperate, or refusal to provide information in the application process, may result in denial of Community Care benefits.
9. Divine Savior Healthcare, Inc. reserves the right to change benefit determination if financial circumstances have changed.
10. In accordance with the joint position of the Wisconsin Hospital Association, the Health Care Financial Management Association (Wisconsin Chapter) and the Wisconsin Medical Credit Association, Divine Savior Healthcare, Inc. will consider accounts of deceased patients with no surviving spouse and assets as Community Care, based upon the reasoning that the decedent has no ability to pay. If a partial payment is received, the remainder of the bill may be classified as Community Care.

Patients/guarantors that have benefited previously from Community Care must have made an effort to pay any remaining portion of his/her bill that was determined to be their responsibility. Additional consideration will be given if financial circumstances have changed for the patient/guarantor.