



Financial Assistance Policy

Policy Statement

Divine Savior Healthcare's Financial Assistance Policy (FAP) exists to provide eligible patients with partially or fully-discounted emergency or other medically necessary healthcare services provided by Divine Savior Healthcare.

Eligible Services for Patients: Emergency or other medically necessary healthcare services provided by Divine Savior Healthcare and billed by Divine Savior Healthcare. Other services which are separately billed by other providers, such as physicians, radiology, EKG or lab services may not be eligible under the FAP.

Eligible Patients: Patients receiving medically necessary or emergent services, who submit a complete Community Care Program application, including related documentation/information, and those who are determined eligible for Financial Assistance by Divine Savior Healthcare.

How to Apply for Financial Assistance: – FAP and related application forms may be obtained/completed/submitted as follows:

- Paper copies of the FAP, FAP application form, Plain Language Summary of the FAP and the Community Care Program Application form are available upon request and without charge by mail/or visiting in-person at the hospital's Financial Counseling office located at 2817 New Pinery Rd. within the Patient Access/Registration Department on the main floor. Office hours are Monday through Friday between 8:00am to 4:30pm.
- Requests to be pre-screened for Divine Savior Healthcare's financial assistance programs may be made by calling the Financial Counseling office at 1-888-271-4510.
- The FAP, FAP Application form, PLS and the Community Care Program Application may be downloaded from the hospital's website: www.DSHealthcare.com/financial_services

Determination of Financial Assistance Eligibility – Generally, a person is eligible for Financial Assistance, using a sliding scale from 1% to 100%, when their Gross Family Income is at or below 300% of the Federal Government's Federal Poverty Guidelines. Eligibility for Financial Assistance means that Eligible Persons will have their hospital care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons. (AGB as defined in IRC Section 501(r) 5 by the Internal Revenue Service)

Other criteria beyond Federal Poverty Guidelines may also be considered. For example, the availability of cash or other assets that may be converted to cash, and excess monthly gross income relative to monthly household expenditures, which may result in exceptions to the preceding. Incomplete applications will not be considered and applicants will be notified and given an opportunity to provide the missing documentation/information. For 501(r) purposes patients will be given up to 240 days post discharge billing statement to submit a completed FAP application.

Translated versions will be made available upon request in the Financial Counseling office located in the Patient Access department on the main level at 2817 New Pinery Rd., Portage WI 53901 as well as the hospital's website. Divine Savior Healthcare will also translate its FAP, FAP application form and Plain Language Summary of its FAP in other languages wherein the primary language of the residents of the community served by Divine Savior Healthcare represents 5% or 1,000; whichever is less; of the population of individuals likely to be affected or encountered by Divine Savior Healthcare.