

FINANCIAL ASSISTANCE POLICY

INTRODUCTION

Amery Hospital & Clinic 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 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. An application for financial assistance is valid for 6 months. 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 and the financial assistance application form in person at all patient registration locations. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at 715-268-8000, or at 265 Griffin St East, Amery, WI 54001. Free copies of this Policy, application form, and translations can be accessed at <https://www.healthpartners.com/care/hospitals/amery>.

NOTIFICATION:

Amery Hospital & Clinic will notify patients of the Financial Assistance Policy by:

- Offering a copy of the Financial Assistance Plain Language Summary to all patients at check-in.
- Offering a copy of the Financial Assistance Plain Language Summary to each patient upon admission.
- Including Financial Assistance Plain Language Summary with collection notices sent out by Amery Hospital & Clinic.
- Statements include information on how to obtain more information about Amery Hospital & Clinic Financial Assistance Policy.
- Amery Hospital & Clinic Financial Assistance Policy, application and Plain Language Summary are available on our website <https://www.healthpartners.com/care/hospitals/amery>.
- Notification informing patients and visitors of Amery Hospital & Clinic Financial Assistance Policy will be displayed in public areas including the emergency room and check-in areas.

ELIGIBILITY CRITERIA:

Amery Hospital & Clinic has established the following eligibility criteria for patients to receive financial assistance:

- The patient must complete the hospital’s 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.

- Family is defined as: a group of two or more people related by birth, marriage, or adoption and reside together or are claimed as a dependent on the applicant's tax return.
- Income includes: gross wages; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
- The Hospital provides assistance to all uninsured and underinsured patients whose family income is less than or equal to 200% of the Federal Poverty Level (FPL). Patients meeting this criteria will receive a 100% financial assistance discount.
- Patients with a gross income and family size that place them above 200% of the FPL, but not more than 300% of the 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	\$13,590	100%	\$13,590	100%
		150%	\$20,385	100%
		200%	\$27,180	100%
		250%	\$33,975	75%
		300%	\$40,770	50%
2	\$18,310	100%	\$18,310	100%
		150%	\$27,465	100%
		200%	\$36,620	100%
		250%	\$45,775	75%
		300%	\$54,930	50%
3	\$23,030	100%	\$23,030	100%
		150%	\$34,545	100%
		200%	\$46,060	100%
		250%	\$57,575	75%
		300%	\$69,090	50%
4	\$27,750	100%	\$27,750	100%
		150%	\$41,625	100%
		200%	\$55,500	100%
		250%	\$69,375	75%
		300%	\$83,250	50%
5	\$32,470	100%	\$32,470	100%
		150%	\$48,705	100%
		200%	\$64,940	100%
		250%	\$81,175	75%
		300%	\$97,410	50%
6	\$37,190	100%	\$37,190	100%
		150%	\$55,785	100%
		200%	\$74,380	100%
		250%	\$92,975	75%
		300%	\$111,570	50%
7	\$41,910	100%	\$41,910	100%
		150%	\$62,865	100%
		200%	\$83,820	100%
		250%	\$104,775	75%
		300%	\$125,730	50%
8	\$46,630	100%	\$46,630	100%
		150%	\$69,945	100%

200%	\$93,260	100%
250%	\$116,575	75%
300%	\$139,890	50%
* Add \$4,720 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 household income verification(s) must be provided which include a copy of the most recent, current Federal 1040 tax return, last 60 days of pay stubs, and/or benefit letter for Social Security, unemployment or disability benefits and alimony agreement documentation.
4. The application can be printed from our website at <https://www.healthpartners.com/care/hospitals/amery> or patients can obtain a copy by calling Patient Financial Services at 715-268-8000. We are open Monday – Friday from 8:00 a.m. – 5:00 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
6. Designated staff in patient financial services are available to assist patients by phone or in person with completing the application.

FINANCIAL ASSISTANCE CALCULATION:

Amery Hospital & Clinic calculates a patient’s level of financial assistance as follows:

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 53%, which is a 47% 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 of January 1, 2021 through December 31, 2021, 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 \$5,300 for the care related to that bill (10,000 X (AGB) 53%).

PRESUMPTIVE ELIGIBILITY

Amery Hospital & Clinic 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
- Deceased and no surviving spouse

Excluded services included elective services (cosmetic services or other non-medically necessary), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers' compensation or liability insurance. Amery Hospital & Clinic may choose to grant presumptive eligibility in rare or unusual patient situations not specifically set forth in this FAP. In making presumptive eligibility determinations, if the presumptive discount is not the most generous discount available, Amery Hospital & Clinic will notify patients and give a reasonable amount of time for the patients to personally apply for financial assistance.

LIST OF PROVIDERS IN HOSPITAL

Amery Hospital & Clinic 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 <https://www.healthpartners.com/care/hospitals/amery> or request a paper copy by contacting Amery Hospital & Clinic's Patient Financial Services Office at 715-268-8000.

EMERGENCY MEDICAL CARE POLICY

Amery Hospital & Clinic provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The Hospital 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 Hospital & Clinic shall 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 Hospital & Clinic shall provide all emergency services in accordance with CMS conditions of participation

SEPARATE BILLING & COLLECTIONS POLICY

The actions that Amery Hospital & Clinic 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 <https://www.healthpartners.com/care/hospitals/amery>