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Owner	Mitchel Kieffer: CFO
Area	Finance

Financial Assistance Policy

Purpose:

The purpose of this policy is to develop a unified system in assisting those qualified patients who are unable to pay for their health care services.

Policy Statement:

Lafayette Hospital + Clinics 'LHC' recognizes that certain patients are unable to pay entirely, or in part, for their services provided by LHC. We are committed to providing quality, medically necessary services to our patients without consideration to a patient's ability to pay. The program is offered to all patients who are financially unable to pay a portion or the full amount of charges for services provided by LHC; this group of patients will be the uninsured, under-insured, or self-pay patients.

Our policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, and the providers delivering care that is eligible for financial assistance in our hospital. Patients can obtain free copies of this policy and the Financial Assistance Program 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 Finance Department at 608-776-4466 or at 211 Bev Anderson Dr, Darlington, WI 53530. Free copies of this policy, application form, and translations can also be accessed at our website https://www.lafayettehospital.org/patients/patient-financial-assistance-program/.

Uninsured and under-insured patients with verifiable personal income that is at or below 200% of the current Federal Poverty Guidelines will be eligible for a Patient Financial Assistance Program discount. Applicants will be expected to provide a completed application and verification of income and family size

as a condition of approval. If applicant is applying for financial assistance for hospital services, the patient and/or patient representative may ask for assistance from LHC to explore alternative means of assistance, when available, including Medicare, Medicaid, group health insurance, the health exchange marketplace, and other forms of insurance.

The Patient Financial Assistance Program is intended to ensure that all members of the community can access emergency and other medically necessary care, regardless of their ability to pay. The decision to extend financial assistance will be based solely on the applicant's financial status as indicated by pre-determined eligibility requirements, regardless of ability to pay, race, creed, color, sex, national origin, sexual identity, sexual orientation, disability, religion, age or source of income.

Patient Financial Assistance Program Provided/ Notification to Public

Notice will be appropriately posted. Applications will be available from the LHC Registration or Finance Department and on the Hospital Website. Finance Department personnel will screen self-pay balances for possible candidate(s).

Definitions:

Bad Debts: Amount due from patient for services rendered at LHC, and through sound credit and collection policies are concluded as uncollectible by LHC.

Eligible Services: Emergency and medically necessary hospital services billed by LHC are eligible for a PFAP discount. Exceptions to Eligible Services include, but are not limited to:

- Services covered by public programs, grants or private funds
- Services offered on a cash only basis
- Hospital charges associated with health care services for which LHC reduces normal candidate charges as a courtesy
- Accounts placed in bad debt or in a legal status
- Accounts involved in third party litigation
- Contractual adjustments in the provisions of health care services below normal billed charges
- Accounts that have previously been paid in full. Financial Assistance will only be applied to the patients account balance at the time the application was received.
- Services provided and billed by a non LHC entity.
- Unauthorized services through a patient's insurance company that are not medically urgent.
- Any other service or procedure determined by a licensed physician to be not medically necessary. This includes, but is not limited, to the following:
    - Prepackaged Items/Services
    - Expensive Pharmaceuticals and Therapies
    - Cosmetic Surgery/Procedures

- Genetic Testing
- Integrative Medicine
- All other services/items listed in Appendix B

Emergency Care: Immediate care provided by a hospital facility for emergency medical conditions that is necessary to prevent putting a patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts. Emergency Care is deemed to be medically necessary.

Exempt Patients: Individuals (and their dependents) who are exempted from social security and Medicare taxes will not be required to apply for government assistance programs, such as Medicaid. Documentation must include one of the following:

- Approved and valid IRS Form 4029: Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits;
- In cases where a 4029 is not available, LHC will consider alternate documentation evidencing that an individual is exempt from social security taxes.

Family: A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together.

Federal Poverty Guidelines: The Federal Poverty Guidelines (FPG) shall be the poverty guidelines as established at the Federal level and as annually published in the Federal Register.

Income: Income received on a regular basis before payments for taxes, social security, etc. and does not reflect non cash benefits. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non cash benefits (such as food stamps and housing subsidies) do not count.

Medically Necessary Care: Care that is required to prevent, identify, or treat a recipient's illness, injury, or disability and is in accordance with the standards of good medical practice. LHC reserves the right to determine, on a case-by-case basis, whether the care and services provided to a patient meet the definition and standard of "medically necessary" for the purpose of eligibility for financial assistance.

Patient Financial Assistance Program 'PFAP': A financial assistance program that partially and wholly eliminates the patient's charges incurred for services provided by LHC. LHC will review the assistance on a case-by-case basis.

Eligible Criteria:

1. Have no insurance coverage or have health insurance coverage but are responsible for deductibles, coinsurance, and other medically necessary services.
2. Have verifiable income that is at or below 200% of the current Federal Poverty Guidelines.
3. Meet certain income eligibility criteria.
4. All applicants must provide the following:

1. A completed and signed Patient Financial Assistance Application.
2. Applicants must provide one of the following: prior year tax returns or W-2, three most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program
   Self-declaration of Income may only be used in special circumstances (e.g., patients who are homeless). Patients who are unable to provide written verification must provide a signed statement of income and why (s)he is unable to provide independent verification. This statement will be presented to LHC's Administration for review and final determination as to the discount percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
3. Applicants may also be asked to provide bank statements.
4. If applicant is applying for financial assistance for hospital services (does not apply to primary care services), confirm applicant is not eligible for any private or governmental sponsored coverage (Medicare, Medical Assistance, Medicaid, Badger Care, etc.). Applicant must supply documentation substantiating that the applicant (patient) has applied for Medical Assistance.

5. If an applicant with an outstanding hospital bill declares bankruptcy and LHC did not file as creditor on the proceeding, the account may receive consideration for assistance.

How We Calculate

Those with incomes at or below 200% of poverty, will be given a discount in accordance to the Federal Poverty Guidelines, which will be updated annually. The percent discount is determined by the size of the balance outstanding, using a ratio of patient adjusted annual income over 200% Federal Poverty Level.

See Appendix A for tables to reference.

If, at any time during the evaluation process for determining level of assistance, the applicant's financial situation has significantly changed, the reviewer will take this change into evaluation of computing the assistance need.

If patients are members of insurance plans that deem LHC to be "out of network," LHC may reduce or deny the financial assistance that would otherwise be available to the patient based upon a review of patient's insurance information and other pertinent facts and circumstances.

How to Apply

LHC will post publication of this program at LHC Entrances and on the Hospital Website. This program application is provided in additional languages, with English and Spanish as primary. Attending physicians or primary therapists may also identify patients that may qualify for assistance or require further treatment but do not have the necessary financial resources.

A Patient may qualify for financial assistance through presumptive eligibility or by applying for financial

assistance by submitting a completed Patient Financial Assistance Application.

1. The application can be printed from our website at https://www.lafayettehospital.org/patients/patient-financial-assistance-program/, or patients can obtain a copy by calling our Finance Department at 608-776-4466; we are open Monday through Friday from 8:00 am – 4:00 pm.
2. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) and any other supporting documents in person, via fax to 608-776-5806, or via mail to:

   Lafayette Hospital + Clinics
   ATTN: Finance
   211 Bev Anderson Dr
   Darlington, Wisconsin 53530

Patients who have no insurance coverage or inadequate third party coverage, at the time of admission or upon notice of a retroactive denial, will need to discuss payment plan options with the Finance Department.

For Rural Health Clinics, no copays or deductibles will be collected if the patient has been provided a PFAP Application and is still within the allowed processing time frame.

Presumptive Eligibility

LHC may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance under this policy.

1. Absent sufficient information to support financial assistance eligibility, LHC may opt to refer to or rely on external sources and/or other program enrollment resources to determine eligibility in the event that:
    a. Patient is homeless;
    b. Patient is currently eligible for state or local assistance programs, even if the patient was not historically eligible for the same programs;
    c. Patient is eligible for a state-funded prescription medication program;
    d. Patient is deceased and without an estate;
    e. Patient files bankruptcy; and/or
    f. Patient is enrolled in one of the following assistance programs with eligibility criteria at or below two hundred percent (200%) of the federal poverty income guidelines:
        i. Women, Infant and Children Nutrition Program (WIC);
        ii. Supplemental Nutrition Assistance Program (SNAP);
        iii. Illinois Free Lunch and Breakfast Program;
        iv. Low Income Home Energy Assistance Program (LIHEAP);
        v. Temporary Assistance for Needy Families (TANF);
        vi. An organized community-based program providing access to medical care

that assesses and documents limited low-income financial status as a criterion for eligibility; or

vii. A grant assistance program for medical services.

2. LHC may use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination.
3. Presumptively eligible approvals apply to outstanding balances only and not to any future balances. These accounts are approved for 100% discount.
4. A self-pay patient meeting one or more of the Presumptive Eligibility Criteria, who submits a PFAP Application, shall not be required to report gross income or report information regarding monthly expenses.

Catastrophic Financial Assistance

In the event the patient or family experiences a catastrophic medical event resulting in medical bills that are large in comparison to the uninsured assets or financial means, an applicant may request special consideration of the catastrophic need. The medical center will take into consideration the following factors in determining eligibility for financial assistance as a result of a catastrophic event:

1. The amount owed by the patient in relationship to his/her total financial means.
2. The medical status of the patient or of his/her family member.
3. Whether the patient lives on a fixed income.

Eligible Providers

In addition to care delivered by LHC facilities, emergency and medically necessary care delivered by the providers listed in Appendix B to this policy, are also covered under this policy. Members of the public may readily obtain Appendix B online at https://www.lafayettehospital.org/patients/patient-financial-assistance-program/, by mail, in person at any registration desk.

Notification of Acceptance or Denial

Applicants for assistance will be notified in writing of acceptance or denial within 30 days of receipt of a complete application and necessary supporting documentation. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with LHC. The discount will cover all existing balances from emergency and medically necessary services that are not in bad debt and any balances incurred for emergency and medically necessary services for up to 6 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply upon expiration or anytime there has been a significant change in family income. After 6 month approval period has expired, the applicant will be sent a new application for re-evaluation.

If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient

does not make effort to pay or fails to respond within 30 days, this constitutes refusal to pay. At this point in time, LHC can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to bad debt.

Candidate Appeal Process

A Candidate who is denied assistance shall be advised in writing of the right to have an initial determination reviewed. The review request must be in writing and submitted to the attention of the Chief Financial Officer within 30 days of denial notification. Submit to:

Lafayette Hospital + Clinics
ATTN: Finance
211 Bev Anderson Dr
Darlington, Wisconsin 53530

The Chief Financial Officer will review and approve or deny the application.

Alternative Arrangements

Patients who do not have Medicare or Medicaid coverage and would otherwise be eligible for free care under the Patient Financial Assistance Program may elect to waive their eligibility and instead enter into a payment agreement with LHC. Such agreement may allow for a prospective, flat-rate discount before services are rendered or a negotiated discounted rate following the receipt of services. Any such agreement will be in writing and signed by the patient and an appropriate LHC representative.

Attachments

- Financial Assistance Appendix A.docx
- Financial Assistance Appendix B.docx
- Financial Assistance Application - English.docx
- Financial Assistance Application - Spanish.docx

Approval Signatures

Step Description	Approver	Date
	Carlee Segebrecht: COO	Pending
	Mitchel Kieffer: CFO	06/2025