

Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.



HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau:

Sacred Heart Hospital: 715-717-4121
St. Joseph's Hospital: 715-723-1811

#5876-C (R 11/17)



Financial Assistance Program

Assistance for persons unable to pay co-pays or deductibles or for medical services
Effective January 2017



Financial assistance based on the ability to pay

At Hospital Sisters Health System (HSHS), our mission is caring for all people. High quality care is our commitment — regardless of ability to pay, race, color, creed, sex, national origin or ancestry.

Because our resources are limited, we must set guidelines. These guidelines help us to assist patients who are least able to pay. They do not prevent anyone from seeking medical treatment.

To qualify for assistance

- Complete an application form (we can help you complete the form if needed);
- Provide documentation of income;
- Provide a statement of assets (what you own);
- Provide evidence that you have explored all other means of assistance, including private and public aid when appropriate.

These guidelines are effective January 2017, and are subject to change without notice.

For more information

For more information, Financial Assistance Program guidelines or an application, please

Write to Your Hospital's Business Office:

Patient Financial Services Department
ATTN: Financial Assistance Program
900 West Clairemont avenue
Eau Claire, WI 54701

OR Contact a Representative:

Local: 715/717-4141
Toll Free: 888/445-4554, Ext. 4141

OR Visit Your Hospital's Website:

Income Guidelines

January through December 2017

Based on gross family income shown below as a percentage of 2017 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL)	200% FPL	300% FPL	400% FPL
	2017			
1	\$12,060	\$24,120	\$36,180	\$48,240
2	16,240	32,480	48,720	64,960
3	20,420	40,840	61,260	81,680
4	24,600	49,200	73,800	98,400
5	28,780	57,560	86,340	115,120
6	32,960	65,920	98,880	131,840
7	37,140	74,280	111,420	148,560
8	41,320	82,640	123,960	165,280
9	45,500	91,000	136,500	182,000
10	49,680	99,360	149,040	198,720

Applicable Discount

If income is less than 200%, patient receives 100% discount.

If income is between 200-300%, patient receives 70% discount.

If income is between 300-400%, patient receives 55% discount.

Your annual (12-month period) maximum out-of-pocket responsibility can be no more than 25% of your gross annual income, as verified by the Business Office.

HSHS Sacred Heart Hospital
www.sacredhearteauclaire.org
900 West Clairemont
Eau Claire, WI 54701

HSHS St. Joseph's Hospital
www.stjoeschipfalls.com
2661 County Highway 1
Chippewa Falls, WI 54729