POLICY & PROCEDURE

STOUGHTON HEALTH Creating Excellence Together	Effective Date: **November 2026**	General Policy Manual	Policy #: **2.10**
	Original – 1/91	Page 1 of 6	Title: **Financial Assistance Policy**

I. PURPOSE:

The purpose of this policy is to assist those individuals who are unable to pay for services provided and fulfill Stoughton Health's charitable mission by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. This policy outlines the circumstances under which Stoughton Health will provide discounted care to patients with financial hardships.

II. POLICY & SCOPE:

Stoughton Health recognizes that certain individuals are unable to pay entirely, or in part, for services provided by the institution. Stoughton Health shall provide financial assistance to eligible patients the process, for which is outlined through this Financial Assistance Policy (FAP). Stoughton Health is a charitable organization which is tax exempt under Internal Revenue Code (IRC) 501(c)(3). Schedule B, attached, describes what services and provider practices are covered under this policy.

III. PHILOSOPHY:

Stoughton Health's financial assistance program is not an entitlement program and is not considered a substitute for personal responsibility. Patients are expected to cooperate with Stoughton Health's procedures for obtaining insurance available or other forms of payment, and to contribute to the cost of their care based upon their individual ability to pay. The financial assistance program is charity care offered to patients who are financially unable to pay full charges, as determined by Stoughton Health. The financial assistance program will be administered without regard to race, creed, color, sex, national origin, sexual orientation, disability, age or source of income.

IV. DEFINITIONS:

Hospital: A facility that is required by a state to be licensed, registered or similarly recognized as a hospital. Multiple buildings operated by a Hospital under a single state license are considered to be a single Hospital. For purposes of this policy, Stoughton Health Ortho Team Clinic, Stoughton Health Oregon Rehabilitation and Sports Medicine Clinic and Urgent Care, Stoughton Health McFarland Urgent Care, Stoughton Health Rehabilitation and Sports Medicine Clinic, and Stoughton Health Community Health and Wellness Center are included under this policy.

Application Period: Defined as the time provided to patients by the organization to complete the Financial Assistance application. It begins on the first day care is provided and ends on the 240th day after the organization provides the individual with the first post-discharge billing statement for the care provided.

Family Size: Family size is defined by the Internal Revenue Service and is equal to the number of individuals for whom the taxpayer is allowed a deduction on their federal tax return. If IRS tax documentation is not available, family size will be determined by the number of family members documented and verified on the financial assistance application.

Federal Poverty Level (FPL): The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. It is determined by the Department of Health and Human Services and is adjusted for inflation and reported annually in the form of poverty guidelines.

Financial Assistance: Defined as free or discounted healthcare service provided to person who cannot afford to pay all or a portion of their financial liability for service and who meet Stoughton Health's financial assistance policy criteria.

Amounts Generally Billed to Individuals Who Have Insurance (AGB)/Limitation of Charges: Stoughton Health limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for care multiplied by the AGB percentage. The AGB percentage is determined using the look-back method. Under this method, all claims paid by Medicare fee-for-service over the last 12 months are used. For these claims, the sum of all allowable reimbursement amounts is divided by the sum of the associated gross charges. The AGB percentage is calculated, at a minimum annually, with implementation not more than 120 days after the end of the 12-month period utilized. AGB Discount = 45%

Patient Liability: The amount a patient is personally responsible for paying after all available discounts, including uninsured discount, financial assistance discount and discount due to limitation on charges to patients per 501(r) regulations.

Underinsured: The patient has some level of insurance or third party assistance to assist with meeting his/her payment obligations.

Uninsured discount: The discount off gross charges provided to any patient who indicates upon registration that they do not have any governmental or third-party payer who will be responsible for paying for their care. The current uninsured discount is 45%.

If a patient has insurance and chooses not to submit their claims to insurance in order to receive the self-pay discount this request must be made prior to their appointment. The patient will then be required to sign an Advanced Beneficiary Notice (ABN) and No Surprises Act (NSA) estimate if applicable.

V. PROCEDURE:

A. Eligible Services: For purposes of this policy, all emergency and medically necessary services provided by Stoughton Health are eligible.

The following healthcare services are not considered medically necessary and are not eligible under this policy:

- Cosmetic treatment and/or procedures unrelated to severe congenital malformations or physical disfigurations caused by injury or illness determined to be not medically necessary.
- Supportive Care and Cardiac Phase III programs.
- Any other service or procedure determined by a licensed physician to be not medically necessary.

B. Eligibility:
Eligibility under the financial assistance program: The applicant's ability to pay for all or a portion of Stoughton Health's billed charges will be determined on a case-by-case basis for individuals who:

- Have limited or no health insurance;
- Cooperate with Stoughton Health's policies and procedures;
- Demonstrate financial need;
- Supply all required information to process the application; and
- Reimburses Stoughton Health for any monies paid directly to the patient by insurance.

Presumptive Eligibility: Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the patient's qualification for or participation in a program listed below, as appropriate, must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification or print screen of a web page listing the patient's eligibility. Unless otherwise noted, the patient who is presumed eligible under these presumptive criteria will continue to remain eligible for six months following the date of initial approval, unless Stoughton Health personnel have reason to believe the patient no longer meets the presumptive criteria.

Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:

- The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program*
- Medicaid program
- Women, Infants, and Children (WIC) nutrition assistance

Patients who are in the following situations may be presumed eligible for 100% financial assistance:

- Is deceased with no known estate
- Has been approved by the court for bankruptcy
- Is homeless or received care from a homeless clinic

A determination of financial assistance without submitting another application will be effective for a period of up to 6 months from the date the application was approved for urgent or emergent services and will include all outstanding receivables including those at bad debt agencies.

Elective Schedule Services: Arrangements for financial assistance for scheduled services should be made in advance of receiving the services. The patient should contact the Stoughton Health's Patient Financial Services Department to provide the necessary information.

C. Method for Applying for Financial Assistance:

Application – in order to be eligible for financial assistance consideration, the patient or guarantor must furnish Stoughton Health with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both. Stoughton Health will accept an application anytime within the 240 day application period.
Patients can also submit an application verbally, either over the phone to a Patient Financial Services Representative or face to face with a Patient Financial Services Counselor. The Patient Financial Services Representative or Counselor will document the patient responses onto the application form and the patient will verify and attest to all the information. All supporting documentation must be supplied for the application to be considered complete.

A Patient Financial Services Department Representative will determine initial eligibility. The Revenue Cycle Manager will give the final approval when assistance provided is less than $5,000, the CFO/ Vice President of Finance will approve all assistance greater than $5,000.

The following criteria will be applied consistently and equitably:

1. Medical insurance coverage.
2. Personal and/or family income.
3. Size of patient's family.
4. Review of the liabilities of the patient and/or family.
5. Financial resources of patient and/or family other than income.
6. A review of assets including cash, savings, stocks and other liquid assets, home and land, vehicles, personal property used in the production of income and other personal property of reasonable value.

Generally, to be eligible for financial assistance, all other funding sources must have been applied for and denied. These include, but are not limited to, all county, state or federal programs. Any account pending eligibility consideration by another pay source will be excluded from consideration.

Stoughton Health takes the following factors into account in determining eligibility for catastrophic financial assistance:

- The amount owed by the patient in relation to his/her total means.
- The medical status of the patient or of his/her family.
- The employment potential of the patient in light of his/her medical condition and/or skills in the job market.
- Whether the patient lives on a fixed income.
- Existing liabilities such as a mortgage, school tuition, or automobile or college loan.
- Level and type of assets.

To be eligible under the financial assistance plan, the applicant's combined family income is not to exceed the pre-established level based on Federal Property Level guidelines and the State of Wisconsin Uniform Fee System, which is in existence at the time of application. (See attached guidelines)

A copy of the applicant's W2, tax return or other proof of income or assets will be requested by Stoughton Health.

Incomplete Applications: All incomplete applications will receive a letter of notification that will detail the information that is needed to satisfy the documentation requirements for eligibility. If the applicant sends in incomplete documentation a second time, the applicant will receive a letter and a phone call attempt to notify the patient that their application is not complete.

Notification of Acceptance or Denial: Applicants for financial assistance will be notified by letter of acceptance or denial within a reasonable time when it has been determined whether they meet eligibility requirements and that they are ineligible for county, state or federal government programs.

Patient Appeals Process:

1. A patient who is denied financial assistance funding because their income level exceeds the guidelines shall be advised of the right to have the initial determination reviewed.
2. The review request can be in writing or taken verbally from the patient stating the reason for the request.
3. The review shall be conducted by a panel consisting of the Revenue Cycle Manager and at least one other member of administration. The decision of the review panel shall be final.

If a patient does not initially qualify for financial assistance, the patient may reapply if there is a change in income, assets or family responsibilities.

D. Collection Activity:
Stoughton Health will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy.

Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by Stoughton Health;
2. Documentation that Stoughton Health has offered or has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and that the patient has not complied with Stoughton Health's application requirements;
3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

Extraordinary collection actions may include reporting to national credit bureaus. If our collection agency identifies a patient is meeting financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on the accounts and the financial assistance application will be reviewed. If the entire account balance is adjusted, the account will be returned. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.

Stoughton Health will refrain from initiating extraordinary collection actions for at least 120 days from the date the facility provides the first post-discharge billing statement for care.

The Patient Financial Services Department led by the Revenue Cycle Manager has the responsibility for determining that we made reasonable efforts to determine whether a patient is eligible for financial assistance and approves the patient's accounts for being sent to collection.

E. Financial Assistance Information Provided to the Public:
Notices will be appropriately posted and Stoughton Health will communicate the availability of financial assistance to all patients and within the community. Copies of the Financial Assistance Policy 2.10 financial assistance application and Plain Language Summary will be available by mail, on the Stoughton Health website, and in person at the Registration or Patient Financial Services Departments. The Stoughton Health Patient Financial Services Department is available by phone at (608) 873-2257 to answer questions about this policy or patients should go to the Patient Financial Services Office at Stoughton Health to obtain this information in person.

Stoughton Health has developed a Plain Language Summary (PLS) of this policy which will be available by mail, on the Stoughton Health website and in person. The PLS will be offered as part of the patient admission and/or discharge process, will be included in the written notice that Extraordinary Collection Actions may be taken against him/her. This financial assistance policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations constitute the less of 1,000 persons or more than 5% of community service by Stoughton Health. These documents will be available in Spanish and Albanian. These translated documents will be available by mail, on the Stoughton Health website, and in person at Stoughton Health.
These notices and documents may be provided electronically.

F. Emergency Medical Care:
For the purposes of this policy, all emergency and medically necessary services provided by Stoughton Health are eligible. Stoughton Health shall not engage in or otherwise authorize actions that discourage individuals from seeking emergency medical care, such as by demanding that the emergency department patients pay before receiving treatment for emergency medical conditions or by permitting other actions or activities that interfere with the provision, without discrimination, or emergency medical care.

VI. COORDINATION:

Owner: Revenue Cycle Manager
Reviewed by:
CFO/Vice President of Finance
Governing Board of Directors
Administration
General Policy Review Committee/Senior Leadership Team



President/CEO

02/26/2026
Date

2026

Eligibility for Stoughton Health Financial Assistance Program is based on Federal Poverty Level using the following annual income guideline:

Persons in Family/ Household	FPL	100% Write off 200% FPL	80% Write off 210% FPL	60% Write off 220% FPL	40% Write off 230% FPL
1	15,960	31,920	33,516	35,112	36,708
2	21,640	43,280	45,444	47,608	49,772
3	27,320	54,640	57,372	60,104	62,836
4	33,000	66,000	69,300	72,600	75,900
5	38,680	77,360	81,228	85,096	88,964
6	44,360	88,720	93,156	97,592	102,028
7	50,040	100,080	105,084	110,088	115,092
8	55,720	111,440	117,012	122,584	128,156
For families/households with more than 8 persons, add $5,500 for each additional person.					

Schedule B – Schedule of Providers, Other than Stoughton Health

(Updated 11/01/2026)

This provider schedule is reviewed quarterly and updated as changes are needed.

Provider Practice Name	Eligible for Financial Assistance Under Policy 2.10	Not Eligible for Financial Assistance Under Policy 2.10
Associated Pathologists		**X**
SSM Medical Group		**X**
Beam Healthcare, S.C.	**X**	
Fort Medical Group	**X**	
Madison Radiologists		**X**
Unity Point Meriter Physicians		**X**
Dr. Kenneth Robbins		**X**
Dr. Cecelia Thompson		**X**
Dr. Britney Bries		**X**
Dr. Amy Connell		**X**
Dr. Martha Rolli		**X**
Southern WI Emergency Associates, S.C. Physicians	**X**	
Dr. Nathan Moore (Stoughton location)	**X**	
Monroe Clinic		**X**
UW Physicians		**X**
Dr. Ashish Rawal	**X**	
ITHP (Integrated Telehealth Partners)		**X**
Dr. Dawn Kalin	**X**	
Dr. Christopher Taylor	**X**	
Dr. Tyler Zenner	**X**	
Dr. Matthew Niesen	**X**	
Dr. Adam Tierney	**X**	
Dr. Mitchell Kopnick	**X**	

Dr. Nathan Jung	**X**	
Dr. Sammantha Kraemer	**X**	
Dr. Lynn Hahnfeld	**X**	
Dr. Noreen King	**X**	
Dr. Tayla Spivak	**X**	
Dr. Marissa Decker	**X**	
Dr. Zachary Lind	**X**	
Dr. Raaid Museitif (Stoughton location)	**X**	
Dr. Michael Kreager (Stoughton location)	**X**	
Dr. Ranga Sriram (Stoughton location)	**X**	
Dr. Joseph Henningsen	**X**	
Dr. Amy Groff (Stoughton location)	**X**	
Advanced Pain Management Providers		**X**
Dr. Kayla Bingham		**X**
Dr. Zoe Blumenthal	**X**	
Dr. Sara Galli (Stoughton Location)	**X**	**X**
Dr. Jonathan Kuo	**X**	
Dr. Aaron Perme		