

How can I get more information?

Copies of the Financial Assistance Policy and application form are available by visiting our website, www.mywheaton.org/billing; calling customer service at (877) 304-6332; calling a Financial Advocate at (866) 972-4687; visiting in person with an associate in Registration at any of our facilities; or visiting in person with, or sending a written request to Customer Service Supervisor, Wheaton Franciscan Healthcare Corporate Services Office, 801 S. 60th Street, Suite 150, West Allis, WI 53214.

How can I get help with an application?

For help with a Financial Assistance Policy application, you may contact a Financial Advocate at (866) 972-4687.

What if I am not eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. Contact a Financial Advocate at (866) 972-4687.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this brochure are available in the following languages upon request: Spanish, Hmong, Arabic, Chinese, Russian, Serbo-Croatian and Laotian.

Independent physician bills

You may receive separate billing statements from physicians involved in your care at Wheaton Franciscan Healthcare facilities, including radiologists, emergency room physicians, urgent care physicians, pathologists, anesthesiologists, and others. These physicians may or may not participate in all our insurance networks and may or may not apply our Financial Assistance Policy to your bill. Please contact a Financial Advocate at (866) 972-4687 to find out which services provided by independent physicians in our facilities are covered by our Financial Assistance Program. Contact your health plan for network provider and coverage information. If you have specific questions regarding your independent physician bills, please call the telephone numbers listed on those statements.

Important note

Certain locations that are not part of the main hospital campus provide outpatient services as a department of the hospital. These services are generally covered under hospital outpatient benefits. Your co-payment, co-insurance, or deductible may vary depending on your insurance plan benefit. You may have different deductibles for hospital services and physician office visits. Please discuss your plan coverage and options with your insurance benefit specialist.

THE BILLING PROCESS

What you need to know



Wheaton Franciscan Healthcare



Wheaton Franciscan Healthcare

Thank you for choosing Wheaton Franciscan Healthcare

We are committed to providing compassionate, personalized care and assisting you through the billing process. No patient will be denied emergency or medically necessary care based on their ability to pay.

What Wheaton Franciscan Healthcare will do for you:

- We will treat you with dignity and respect.
- We will bill your insurance plan and any supplemental plan(s) if you provide us with information at the time of scheduling, pre-registration, or when you check in.
- If your account balance is not paid at the time of service, we will send you regular, easy-to-read statements showing the balance that is your responsibility.
- You will have access to a representative to answer billing questions or to make special payment arrangements. Contact Customer Service at (877) 304-6332 or www.mywheaton.org/contactus with any billing questions.

Answers to frequently asked billing questions and an explanation of our billing statement can be found at www.mywheaton.org/billing.

Your billing responsibilities

- Provide us with complete health insurance information and bring all of your health insurance cards to your visit.
- Understand your benefits, including obtaining authorization for services, submitting referrals, or completing a coordination of benefits form as your health plan may require.

- Respond promptly to requests you receive from your health plan or from our organization.
- Bring any co-payments or balances due at the time of your visit, and promptly pay any co-payments, deductibles, co-insurance, and any amounts not covered by insurance.
- Pay in full for elective/non-medically necessary services, such as cosmetic surgery, which are not covered by insurance before or at the time of service. Since we may not know actual charges before your visit, we may ask you to bring payment with you based on estimated charges. Please expect to pay a deposit if an estimate is not available. You are welcome to pay with cash, check, money order, or credit card (Visa®, MasterCard®, Discover®, or American Express®).

Birth of a child

- Before you have your baby, contact Registration to provide insurance information for verification and authorization. Also contact your insurance company to notify them of the impending delivery.
- Within 30 days of having a baby, you must notify your insurance company of the birth to have your child(ren) added to your insurance policy.

Summary of Financial Assistance Policy

Wheaton Franciscan Healthcare respects each person's dignity with a special concern for those who struggle with barriers to access health care services. We have an equal commitment to manage our health care resources as a service to the entire community. Therefore, we provide financial assistance for

certain individuals who come to us for emergent or other medically necessary care.

Who is eligible?

You may be able to get financial assistance, which is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you will receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What services are covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. Elective services are not covered.

How can I apply?

Complete a written application within 365 days of the date of your first post-discharge billing statement for that visit and provide supporting documentation, as described in the Financial Assistance Policy and the application. After we receive a completed application and the supporting documentation, we will notify you in writing whether or not you qualify for the program.

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