

POLICY AND GUIDELINES

TOMAH HEALTH

TOMAH, WI 54660

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P&G #: 200-ACC-001
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TITLE: Financial Assistance
PAGE: 1 of 7

Author DATE: _____

Approved By: _____ DATE: _____
Administrative Team Leader

Compliance Committee DATE: _____

Board of Directors DATE: _____

INVOLVES

Hospital Wide

PURPOSE

The purpose of this policy is to define the criteria used to determine which patients are eligible for financial assistance, the amount of financial assistance offered and the process used to identify patients that may potentially qualify for financial assistance.

POLICY

Tomah Health is committed to providing quality medically necessary services to our patients without consideration to a person's ability to pay.

No patient, regardless of ability to pay, will be denied treatment for emergency services for conditions that are life threatening or could result in serious bodily harm.

GUIDELINES

WHAT IS FINANCIAL ASSISTANCE?

- A. In administering this program, Tomah Health clearly makes the distinction between "Financial Assistance" and "Bad Debts". For clarity purposes, the two are defined as follows:
1. **Bad Debt:** A claim arising from rendering patient care services that the hospital, upon using a sound credit and collection policy, determines are uncollectable, but does not include financial assistance. (sHSS 120.03(1), Wis Adm Code). In this situation, Tomah Health has not received information that shows a hardship or inability to pay on behalf of the guarantor.

2. Financial Assistance: Health care services a hospital provides to a patient who, after an investigation of the circumstances surrounding the patient's ability to pay, including non-qualification for a public program, is determined by the hospital to be unable to pay for all or a portion of the hospital's normal billed charges. In this situation, the guarantor is willing to pay, but unable to.
- B. Financial Assistance is not part of a Hill Burton obligation and all funding is at the discretion of the Board of Directors.
 - C. There may be a limit to the amount of Financial Assistance Tomah Health will provide on an annual basis. Financial Assistance is available on a first come, first served basis, with consideration given to those who have not previously received Financial Assistance. The total dollar amount of Financial Assistance adjustments available for a given fiscal year will be determined within the operating budget of Tomah Health, as approved by the Board of Directors. Additionally, consideration will be given to projected savings from the Hospital's participation in the 340B prescription drug-pricing program when establishing the annual financial assistance budget (i.e. allocating savings from the program towards maintaining and/or increasing the amount of financial assistance available).
 - D. This policy is applicable to all emergency and medically necessary care provided by the Hospital, including physician services provided under contract to the Hospital (including, but not limited to, radiologist fees, hospitalist fees, emergency department physician fees, anesthesiologist fees, and certain general and orthopedic surgeon fees). Certain professional services (primarily obstetrics and specialty surgical services) are provided by physicians and associate providers that are not employed by the Hospital but who have been granted privileges to practice at the Hospital. The fee and subsequent bill for their services originates from their respective provider group, and are not subject to the Hospital's Financial Assistance policy. Patient Financial Counselors will have the duty to inform prospective financial assistance applicants of the possibility that the aforementioned services performed at the Hospital are not covered by this policy, and will provide applicable contact information regarding applying for financial assistance at the unrelated organization.

A list of other providers that deliver emergency or other medically necessary care that are not subject to the Hospital's Financial Assistance policy, and the type of service performed, is as follows:

Mayo Health System (1-800-603-2500 for financial assistance inquiries)
Services provided not subject to the Hospital's Financial Assistance policy:

- Professional fees for obstetrical services
- Professional fees for certain surgical and endoscopic procedures (ophthalmology, general surgery, gastroenterology)

Gundersen Health System (1-800-362-9567 ext. 58660 for financial assistance inquires)
Services provided not subject to the Hospital's Financial Assistance policy:

- Professional fees for obstetrical services
- Professional fees for certain surgical and endoscopic procedures (OB/GYN, orthopedics, general surgery, ophthalmology, ENT, gastroenterology, etc.)

WHO QUALIFIES FOR FINANCIAL ASSISTANCE?

Patients eligible for Financial Assistance include all patients, regardless of race, religion, creed, national origin, color, sex, or age who meet the financial guidelines set forth in this policy.

A. Financial Assistance Eligibility Criteria include, but are not limited to:

1. All patients will be considered for Financial Assistance providing an application is requested within 240 days of the first billing notification and is completed by the patient and returned within 30 calendar days of receipt of the application.
2. All third party resources and other financial aid programs, including public assistance available through state Medicaid program and Badger Care must be exhausted before consideration of Financial Assistance.
3. Services provided are medically necessary and not cosmetic, screening or elective in nature.
4. The patient account balance is not pending settlement from a liability claim.
5. The patient account balance is not pending eligibility consideration by any other pay source.
6. Patients who have been recognized as homeless may be deemed eligible without having to meet the documentation requirements.
7. The patient account balance has not been placed with an outside collection agency.
8. The patient/guarantor or guarantor family meets the income and asset guidelines.
9. Applicants that maintain \$100,000 in land/property equity or \$5,000 in savings are not eligible for a full 100% Financial Assistance reduction. However, consideration for a discount of less than 100% will be given based upon the hospital bill, personal income and personal assets.
10. Patients/guarantors that have benefited previously from Financial Assistance must have made an effort to pay any remaining portion of his/her bill that was determined to be their responsibility. In the event financial circumstances have changed for the patient/guarantor, this will be taken into consideration.

11. Falsification of the application, refusal to cooperate or refusal to provide information in the application process may result in denial of Financial Assistance.
12. Tomah Health reserves the right to change benefit determination if financial circumstances have changed.
13. In accordance with the joint position of the Wisconsin Hospital Association, the Health Care Financial Management Association (Wisconsin Chapter) and the Wisconsin Medical Credit Association, Tomah Health will consider accounts of deceased patients with no surviving spouse and no estate, based upon the reasoning that the decedent has no ability to pay. If a partial payment is received, the remainder of the bill may be written off as uncollectable probate.

B. Application Requirements:

1. The application must contain complete and accurate information.
2. To prevent the appearance of favoritism, income, asset and medical debt verification is requested and may consist of:
 - a. Copies of the most recent federal income tax return. The Adjusted Gross Income from form 1040 will be utilized for income verification purposes. If the applicant is exempt from filing that will be noted.
 - b. If the applicant is on Social Security, a copy of the direct deposit statement from the Social Security Administration.
 - c. Disclosure of all other sources of income, i.e. Unemployment benefits, workers compensation benefits, alimony, child support, interest dividends, rental income, etc.
 - d. Copies of resources from savings and checking accounts or certificates of deposit.
 - e. Listing of personal assets such as land, vehicles, home, etc. When personal assets of land or property are in excess of \$100,000, assessment statements may be required for verification.
 - f. Verification of medical debt will include copies of current medical bills and statements from other healthcare providers.

3. Attached with the application or as soon as available should be a denial from Medical Assistance if the patient is under 18, over 65, blind, disabled or pregnant.
4. The number of dependents listed on the application should be the same as the number listed on the federal income tax return unless otherwise listed.

WHAT DISCOUNT LEVELS ARE OFFERED?

Please see attached – Notice of Availability of Financial Assistance

HOW IS THE FINANCIAL ASSISTANCE POLICY COMMUNICATED AND ADMINISTERED?

The availability of Financial Assistance will be communicated to patients through patient brochures on billing information, the hospital's website, and on the back of patient billing statements.

If a patient is uninsured, the registrar may inform the patient of the Financial Assistance Program.

Patients requesting financial relief from their hospital bill will be referred to the Patient Financial Counselor. The Patient Financial Counselor will follow up with patient/guarantor, informing them of the necessary documentation that will be needed to complete the Financial Assistance process. The Patient Financial Counselor is available 8:00 a.m. to 4:30 p.m. Monday – Friday.

Patient Financial Counselors are alerted of uninsured patients by UR and/or Prior Authorization. Patient Financial Counselors will then mail a Financial Assistance application to the patient/Guarantor. Counselors will attempt one phone call to the patient's room to inform them that an application will be coming and what that means.

A. Program Administration:

Tomah Health's Financial Assistance Program will be administered according to the following guidelines:

1. Inform the Patient Financial Counselor of the patient/guarantor requesting Financial Assistance and the applicable service dates.
2. The application, along with supporting documentation will be reviewed and verified by the Patient Financial Counselor.
3. The Patient Financial Counselor will determine if the patient/guarantor qualifies for benefits based on the supporting documentation. The Patient Financial Counselor may grant Financial Assistance on balances under \$10,000, and when needed should consult with the Patient Financial Services Director. Balances over \$10,000 require approval of the Chief Financial Officer. Every attempt will be made to approve or deny within 5 business days.

4. The Patient Financial Counselor will prepare the Financial Assistance write-off per established procedures.
5. The patient/guarantor will be notified in writing within 5 business days of the decision.
6. Approved Financial Assistance applications are valid for one calendar year. All applications are input into EPIC Financial Assistance application, if they were not already started there by the patient. All applications that are approved have an effective and termination date. Any new services that are rendered will automatically have that discount applied.
7. Incomplete Financial Assistant applications will be held for 45 days. When 45 days has been reached, the application will be closed and denied in EPIC Financial Assistance Application. A new one will need to be completed. This ensures most accurate financial information.
8. Statutorily required discounts automatically offered to uninsured or underinsured patients, or patients who otherwise have been identified as qualifying for financial assistance (regardless of the methodology used to determine eligibility, e.g. interview conducted with the patient, verification of income/credit status through the use of a third party vendor, etc.) will be classified as Financial Assistance in the Hospital's financial reporting system.
9. Charges for individuals who qualify for Financial Assistance will be determined as the amount generally billed determined through the "look-back method", which is calculated by applying the aggregate discount percentage for all payers (including Medicare, Medicaid, and private health insurers) to the Hospital's gross charges. The aggregate discount percentage is adjusted annually, and is computed based on the Hospital's most recent audit report. The percentage is calculated by dividing total contractual adjustments by total patient service revenue. Total patient service revenue is comprised of all charges for all departments of the Hospital. Individual charges are reviewed annually for reasonableness, and charges are set based on the costs incurred to provide the service, industry benchmark data, and Medicare reimbursement levels.
10. Potential Serenity House residents interested in applying for Financial Assistance should initiate the application process prior to admission Serenity House Financial Assistance applications are processed by Serenity House Office Assistant. After application of any Financial Assistance discounts, one month's fee is due upon admission. If the patient (or designee) is unable to complete the Financial Assistance application prior to admission, one week's fee at the undiscounted daily rate will be required prior to admission. Should the application be completed subsequent to admission, one month's fee (including any applicable discounts) will become immediately due. The eligibility period for Financial Assistance discounts available to Serenity House residents shall not exceed 180 days. All financial assistance applications for serenity house residence or possible residences will be processed internally by Hospice staff.

11. Actions the hospital may take in the event of nonpayment of an outstanding bill are addressed in the hospitals Management of Accounts Receivable policy. A copy of which is available on the hospitals website: www.tomahhealth.org.

Officers of Tomah Health (CEO, CFO) and/or the Board of Directors, reserve the right to allow exceptions to the Financial Assistance policy based upon individual need or circumstance.

FORMS

Plain Language Summary of Financial Assistance Policy (also found on the TH website)
Financial Assistance Program (English & Spanish)– General Information
General Information Sheet Notice of Availability of Financial Assistance Services (English & Spanish)
Financial Assistance Application (English & Spanish) (also found on the TH website)
Financial Assistance Letter of Determination (English & Spanish)

COMPETENCY/REFERENCE DOCUMENTS (RD)

None

LIPPINCOTT PROCEDURES

REFERENCE

Financial Assistance Policy (also found on the TH website)



Tomah Health

Plain Language Summary of Financial Assistance Policy

OVERVIEW

Tomah Health is committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, under insured, not eligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance. Tomah Health strives to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of Tomah Health's Financial Assistance Policy.

AVAILABILITY OF FINANCIAL ASSISTANCE

You may be able to get financial assistance if you do not have insurance, are under insured, or if it would be a financial hardship to pay in full the expected out-of-pocket expenses for services at Tomah Health. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including, but not limited to, elective and cosmetic services.

ELIGIBILITY REQUIREMENTS

Financial assistance is generally determined by a sliding scale of total household income based on Federal Poverty Guidelines. When total household income is less than 100% of FPL, a 100% discount from gross charges will be applied. When the total household income is greater than 100% of the FPL, discounts range from 40% to 80% of gross charges, depending on balance size. A member of Tomah Health's Patient Financial Services Department will assist you in determining what discount level you are eligible for during the application process. Discounts that are available through Tomah Health's Financial Assistance Policy are in addition to the automatic discount that is given to uninsured individuals.

Current FPL amounts can be found in the full version of the Financial Assistance Policy on page 9. These amounts are updated annually when new FPLs are issued by the federal government. Individuals that apply for and receive financial assistance are prohibited from being charged more than the amounts generally billed for emergency of other medically necessary care.

WHERE TO FIND INFORMATION & APPLY

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

Apply directly on MyChart and upload all supporting documents immediately!

Download the information online at tomahhealth.org (click on “General Hospital and Billing Information” under the “PATIENTS & VISITORS” menu).

Request the information in writing by mail or by visiting the Tomah Health facility at 501 Gopher Drive, Tomah, WI 54660.

Request the information by calling (608)374-8640.

Financial assistance applications are to be submitted to the following office:

Tomah Health
Attn: Patient Financial Services Department
501 Gopher Drive
Tomah, WI 54660

AVAILABILITY OF TRANSLATIONS

Although the Financial Assistance policy, application form, and the plain language summary are offered in English, Tomah Health will make available translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about Tomah Health’s Financial Assistance Program and translation services, please call (608) 372-2181.



Name: _____ Account # (s): _____

FINANCIAL ASSISTANCE PROGRAM – General Information

As part of our commitment to serve our community, Tomah Health (the “Hospital”) provides financial assistance to patients / guarantors who have healthcare needs and are uninsured or for those who are unable to pay the balance after the insurance has paid. Many factors are used to determine eligibility for this program and the percent of discount to the account balance.

Financial Assistance is not considered to be a substitute for personal responsibility and patients/guarantors are expected to cooperate with the Hospital in determination of eligibility. All patients of the Hospital are expected to contribute to the cost of their care based upon their ability to pay.

To determine if a patient/guarantor qualifies for financial assistance, generally the Hospital needs to obtain certain financial information. The Hospital follows all federal regulations and treats all patients equally in eligibility and discount determinations, as all patients/guarantors follow the same requirements.

Your cooperation will allow us to give all due consideration to your request. Please provide the following (where applicable, also include any info for spouse as well):

- _____ Last __ pay stubs
- Current Bank statement (Checking and Savings)
- Award letters for Governmental assistance, Workers Compensation, Social Security, unemployment, or disability.
- Federal Income tax for _____
- Property tax notice and Fair Market Value (for ALL parcels of land)
- _____
- Letter to TH to support another person provides FOOD, CLOTHING, and SHELTER
- Medicaid Denial/Status Letter

NOTE: Applications without verification of income are considered incomplete and will not be processed. ALL INFORMATION PROVIDED IS CONFIDENTIAL!!

Contact Patient Financial Services (PFS) at 608-377-8640. Our office hours are Monday – Friday; 8:00 AM – 4:30 PM.

We will review your application, obtain any missing information or assist with application completion, determine your eligibility, and process the appropriate discounts for those patients that are qualified within 5 business days of receiving completed application.

APPLICATION DUE DATE: _____
(Your application **MUST** be received in our office on or before the above date!)

NOTE 2: A copy of the Hospital’s complete financial assistance policy can be obtained at www.tomahhealth.org. A free printed copy may be obtained in person or requested via mail (in person requests or requests by mail should be directed to the main Hospitals campus located at 501 Gopher Drive, Tomah, WI. Questions or concerns regarding the financial assistance policy should be directed to the Hospital’s Patient Financial Services department at 608-377-8640.

09/2025

TOMAH HEALTH

General Information Sheet

Notice of Availability of Financial Assistance Services

Date: _____

Tomah Health provides a certain amount of health care services per year without charge, or at a reduced charge to people who cannot afford such care based on income eligibility guidelines and the amount of the hospital bill.

Financial Assistance up to the limit indicated will be provided to persons based on income guidelines and the amount of the hospital bill as shown in the tables below. For example, a family of four earning \$60,000 per year with a hospital bill of \$4,000 would receive a discount of 42% off their bill. Another example is an individual earning \$15,000 per year with a hospital bill of \$1,500 would receive a 50% discount off their bill.

Table I 2025 Financial Assistance Poverty Guidelines

	FPL	100%	200%	300%	400%
1	\$15,060.00	\$15,060.00	\$30,120.00	\$45,180.00	\$60,240.00
2	\$20,440.00	\$20,440.00	\$40,880.00	\$61,320.00	\$81,760.00
3	\$25,820.00	\$25,820.00	\$51,640.00	\$77,460.00	\$103,280.00
4	\$31,200.00	\$31,200.00	\$62,400.00	\$93,600.00	\$124,800.00
5	\$36,580.00	\$36,580.00	\$73,160.00	\$109,740.00	\$146,320.00
6	\$41,960.00	\$41,960.00	\$83,920.00	\$125,880.00	\$167,840.00
7	\$47,340.00	\$47,340.00	\$94,680.00	\$142,020.00	\$189,360.00
8	\$52,720.00	\$52,720.00	\$105,440.00	\$158,160.00	\$210,880.00
9	\$58,100.00	\$58,100.00	\$116,200.00	\$174,300.00	\$232,400.00
10	\$63,480.00	\$63,480.00	\$126,960.00	\$190,440.00	\$253,920.00

****FOR FAMILIES OVER 10 MEMBERS, ADD \$5,380.00 FOR EACH ADDITIONAL MEMBER****

Table II Income Level

Income Level	Under \$1,000	\$1,000 - \$2,500	\$2,500 - \$5,000	\$5,000 - \$10,000	Over \$10,000
0 – 100% of FPL	100%	100%	100%	100%	100%
101% to 200% of FPL	40%	50%	60%	70%	80%
201% to 300% of FPL	42%	42%	42%	50%	60%
301% to 400% of FPL	42%	42%	42%	42%	42%

Tomah Health will make a determination of whether Financial Assistance will be awarded with 10 business days of the request. If, however, the application is not returned to Tomah Health within 30 days from the date the application was issued, the applicant will automatically be ineligible for Financial Assistance and all unpaid balances will be the guarantor's responsibility and subject to hospital collection procedures.

Table III Liquid Assets include Cash, Checking, Savings, CD's
Non-liquid Assets include Land, home, business property

Financial Assistance Maximum Discount Based on Personal Liquid Assets	<\$5000	\$5,000 - \$7,000	\$7,000 - \$20,000	>\$20,000
	100%	95%	75%	35%

Financial Assistance Maximum Discount Based on Non-liquid Personal Property Equity	<\$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000	>\$250,000
	100%	95%	75%	35%

Persons seeking Financial Assistance may request this at our Patient Financial Services Office, located at Tomah Health. The Patient Financial Services office hours are 8:00 a.m. – 4:30 p.m. Monday – Friday.



501 Gopher Drive
Tomah, WI 54660
(608)372-2181

FINANCIAL ASSISTANCE APPLICATION

Date: _____

PERSONAL INFORMATION

Patient's Name: _____ Date of Birth: _____

Address (Street, City, State, and Zip code): _____

Phone (Home & Cell): _____ Best Time To Call: _____

Responsible Party's Name: _____ Relationship to Patient: _____

Spouse's Name: _____ Date of Birth: _____

List of Dependents Living in Household:

Name(s):	Age(s):

EMPLOYMENT INFORMATION

	Responsible Party/Guarantor	Spouse/Other Household Member
Occupation/Title:		
Employer Name:		
Employer Address:		
Employer Phone:		
Hourly Wage:		
Hours Worked Monthly:		
If unemployed, last date worked:		

SOURCE OF MONTHLY INCOME

	Responsible Party/Guarantor	Spouse/Other Household Member
Gross Monthly Employment Income:	\$	\$
Social Security:	\$	\$
Disability:	\$	\$
Pension:	\$	\$
Unemployment Benefits:	\$	\$
Child Support:	\$	\$
Alimony:	\$	\$
VA Benefits:	\$	\$
Other:	\$	\$



501 Gopher Drive
Tomah, WI 54660
(608)372-2181

ASSETS

Bank Name:	Type of Account:	Latest Ending Statement Balance:
		\$
		\$
		\$
		\$

Auto/Truck Value	Amount Owed	Model	Year
1.			
2.			

List Any Other Assets (boats, ATVs, snowmobiles, etc): _____

LIABILITIES

MONTHLY	
Mortgage / Rent:	\$
Auto (i.e., maintenance):	\$
Utilities (i.e., electric, heat, phone, water, etc.):	\$
Child Care / Child Support:	\$
Medication Costs:	\$
Bank Loans:	\$
Other Debts (medical bills from other facilities):	\$
TOTAL:	\$

Please comment on any other items regarding your financial situation which you feel should be taken into consideration while determining your Financial Assistance eligibility:

I authorize Tomah Health to verify any information on this financial statement. I attest that the above information is true to the best of my knowledge and fully represents my current financial status. I understand that this application solely applies to accounts for services at Tomah Health.

Responsible Party (Guarantor): _____ Date: _____
(Signature)

FOR OFFICE USE ONLY

Adjudication:

Discount (if applicable): %	W/O Amount: \$	Patient Balance: \$
Patient Balance Payable as:		

PFS Counselor:	CEO/CFO approval if W/O > \$10,000:
Additional Comments:	

{TMH FA SA ACCT NUM: }

Dear Patient,

Thank you for completing the Financial Assistance Application.

The information you submitted has been reviewed and based on that review, you qualify for a {FA DISCOUNT AMOUNT:41373} discount.

{ FA SA BALANCE: }

You will also qualify for additional discounts on your future self-pay balances for a period of 12 months from the date of this letter for your medical services.

Note: If you are uninsured, all future non-emergent or non-medically necessary care will need to be approved prior to care.

Below are the details of your payment plan:

You can also make changes to your payment plan in MyChart at <https://www.tomahhealth.org/pay-bill/>.

If you have any questions or concerns we can be reached at (608) 377-8640, Monday - Friday, 8:00AM to 4:30PM Central Time.

We know you have choices when it comes to healthcare, and we appreciate you as a patient and as a customer.

Thank you.



Nombre: _____ N.º de cuenta: _____

PROGRAMA DE ASISTENCIA FINANCIERA: Información general

Como parte de nuestro compromiso con la comunidad, Tomah Health (el “Hospital”) ofrece asistencia financiera a pacientes o garantes que tengan necesidades de atención médica y no cuenten con seguro, o que no puedan pagar el saldo restante después del pago del seguro. Se consideran muchos factores para determinar la elegibilidad para este programa y el porcentaje de descuento que se aplicará al saldo de la cuenta.

La asistencia financiera no se considera un sustituto de la responsabilidad personal. Se espera que los pacientes o garantes colaboren con el Hospital en la determinación de la elegibilidad. Todos los pacientes del Hospital deben contribuir al costo de su atención según su capacidad de pago.

Para determinar si un paciente o garante califica para la asistencia financiera, el Hospital generalmente necesita obtener cierta información financiera. El Hospital cumple con todas las regulaciones federales y trata a todos los pacientes de manera equitativa en la determinación de elegibilidad y descuentos, ya que todos los pacientes o garantes siguen los mismos requisitos.

Su colaboración nos permitirá considerar debidamente su solicitud. Proporcione lo siguiente (cuando corresponda, incluya también la información del cónyuge):

- _____ Últimos __ talones de pago
- Estado de cuenta bancaria actual (cuentas corrientes y de ahorro)
- Cartas de adjudicación de asistencia gubernamental, compensación laboral, seguridad social, desempleo o discapacidad
- Declaración de impuestos federales del año _____
- Aviso de impuesto a la propiedad y valor de mercado justo (de TODAS las parcelas de terreno)
- _____
- Carta dirigida a Tomah Health (TH) indicando que otra persona le proporciona ALIMENTOS, ROPA y VIVIENDA
- Carta de denegación o estado de Medicaid

NOTA: Las solicitudes sin verificación de ingresos se consideran incompletas y no serán procesadas. ¡TODA LA INFORMACIÓN PROPORCIONADA ES CONFIDENCIAL!

Comuníquese con Patient Financial Services o PFS (Servicios Financieros al Paciente) al 608-377-8640. Nuestro horario de atención es de lunes a viernes, de 8:00 a.m. a 4:30 p.m.

Revisaremos su solicitud, obtendremos cualquier información faltante o lo asistiremos en completarla, determinaremos su elegibilidad y procesaremos los descuentos correspondientes para los pacientes que califiquen dentro de un plazo de 5 días hábiles a partir de la recepción de la solicitud completa.

FECHA LÍMITE DE PRESENTACIÓN DE LA SOLICITUD: _____
(Su solicitud **DEBE** recibirse en nuestra oficina en o antes de la fecha indicada arriba)

NOTA 2: Puede obtener una copia completa de la política de asistencia financiera del Hospital en www.tomahhealth.org. También puede solicitar una copia impresa gratuita en persona o por correo (las solicitudes deben dirigirse a la sede principal del Hospital ubicada en 501 Gopher Drive, Tomah, WI). Cualquier pregunta o inquietud sobre la política de asistencia financiera debe dirigirse al departamento de Patient Financial Services (Servicios Financieros al Paciente) al 608-377-8640.

09/2025

TOMAH HEALTH

Hoja de información general

Aviso de disponibilidad de servicios de asistencia financiera

Fecha: _____

Tomah Health brinda una cierta cantidad de servicios de atención médica al año sin cargo o con tarifas reducidas a personas que no pueden costear dichos servicios, según las pautas de elegibilidad por ingresos y el monto de la factura hospitalaria.

La asistencia financiera, hasta el límite indicado, se proporcionará según las pautas de ingresos y el monto de la factura hospitalaria, como se muestra en las tablas siguientes. Por ejemplo, una familia de cuatro integrantes con ingresos anuales de \$60,000 y una factura hospitalaria de \$4,000 recibiría un descuento del 42 %. Una persona con ingresos anuales de \$15,000 y una factura hospitalaria de \$1,500 recibiría un descuento del 50 %.

Tabla I Pautas de pobreza para asistencia financiera 2025 (basadas en el Federal Poverty Level o FPL) (Nivel Federal de Pobreza)

	FPL	100 %	200 %	300 %	400 %
1	\$15,060.00	\$15,060.00	\$30,120.00	\$45,180.00	\$60,240.00
2	\$20,440.00	\$20,440.00	\$40,880.00	\$61,320.00	\$81,760.00
3	\$25,820.00	\$25,820.00	\$51,640.00	\$77,460.00	\$103,280.00
4	\$31,200.00	\$31,200.00	\$62,400.00	\$93,600.00	\$124,800.00
5	\$36,580.00	\$36,580.00	\$73,160.00	\$109,740.00	\$146,320.00
6	\$41,960.00	\$41,960.00	\$83,920.00	\$125,880.00	\$167,840.00
7	\$47,340.00	\$47,340.00	\$94,680.00	\$142,020.00	\$189,360.00
8	\$52,720.00	\$52,720.00	\$105,440.00	\$158,160.00	\$210,880.00
9	\$58,100.00	\$58,100.00	\$116,200.00	\$174,300.00	\$232,400.00
10	\$63,480.00	\$63,480.00	\$126,960.00	\$190,440.00	\$253,920.00

****PARA FAMILIAS DE MÁS DE 10 MIEMBROS, AGREGAR \$5,380.00 POR CADA MIEMBRO ADICIONAL****

Tabla II Nivel de ingresos

Nivel de ingresos	Menos de \$1,000	\$1,000 - \$2,500	\$2,500 - \$5,000	\$5,000 - \$10,000	Más de \$10,000
0 – 100% del FPL	100 %	100 %	100 %	100 %	100 %
Del 101 % al 200 % del FPL	40 %	50 %	60 %	70 %	80 %
Del 201 % al 300 % del FPL	42 %	42 %	42 %	50 %	60 %
Del 301 % al 400 % del FPL	42 %	42 %	42 %	42 %	42 %

Tomah Health determinará si se otorgará asistencia financiera dentro de los 10 días hábiles posteriores a la solicitud. Si la solicitud no se devuelve dentro de los 30 días posteriores a la fecha de emisión, el solicitante quedará automáticamente no elegible para la asistencia financiera y todos los saldos impagos serán responsabilidad del garante y estarán sujetos a los procedimientos de cobro del hospital.

Tabla III Los activos líquidos incluyen efectivo, cuentas corrientes, cuentas de ahorro, certificados de depósito (CD)

Los activos no líquidos incluyen terrenos, viviendas y propiedades comerciales

Asistencia financiera Descuento máximo Basado en activos líquidos personales	<\$5000	\$5,000 - \$7,000	\$7,000 - \$20,000	>\$20,000
	100 %	95 %	75 %	35 %

Asistencia financiera Descuento máximo Basado en el patrimonio personal no líquido	<\$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000	>\$250,000
	100 %	95 %	75 %	35 %

Las personas que deseen solicitar asistencia financiera pueden hacerlo en la oficina de Patient Financial Services (Servicios Financieros al Paciente), ubicada en Tomah Health. El horario de atención de la oficina de Servicios Financieros para Pacientes es de 8:00 a.m. a 4:30 p.m, de lunes a viernes.



501 Gopher Drive
Tomah, WI 54660
(608)372-2181

SOLICITUD DE ASISTENCIA FINANCIERA

Fecha: _____

INFORMACIÓN PERSONAL

Nombre del paciente _____ Fecha de nacimiento _____

Dirección (calle, ciudad, estado y código postal): _____

Teléfono (residencial y celular): _____ Mejor horario para llamar: _____

Nombre del responsable: _____ Relación con el paciente: _____

Nombre del/de la cónyuge: _____ Fecha de nacimiento: _____

Lista de dependientes que viven en el hogar:

Nombre:	Edad:

INFORMACIÓN DE EMPLEO

	Parte responsable/garante	Cónyuge/otro miembro del hogar
Ocupación/cargo:		
Nombre del empleador:		
Dirección del empleador:		
Teléfono del empleador:		
Salario por hora:		
Horas trabajadas mensualmente:		
Si no tiene empleo, la última fecha de trabajo:		

FUENTE DE INGRESOS MENSUALES

	Parte responsable/garante	Cónyuge/otro miembro del hogar
Ingresos brutos mensuales del empleo:	\$	\$
Seguridad Social:	\$	\$
Discapacidad:	\$	\$
Pensión:	\$	\$
Prestaciones por desempleo:	\$	\$
Manutención de los hijos:	\$	\$
Pensión alimenticia:	\$	\$
Prestaciones de VA:	\$	\$
Otro:	\$	\$



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ACTIVOS

Nombre del banco:	Tipo de cuenta:	Saldo del último estado de cuenta final:
		\$
		\$
		\$
		\$

Valor del automóvil/camión	Monto adeudado	Modelo	Año
1.			
2.			

Enumere cualquier otro activo (botes, vehículos todo terreno, motos de nieve, etc.): _____

PASIVO

MENSUALMENTE	
Hipoteca/alquiler:	\$
Automotriz (es decir, mantenimiento):	\$
Servicios (es decir, electricidad, calefacción, teléfono, agua, etc.):	\$
Cuidado/manutención de los hijos:	\$
Costo de los medicamentos:	\$
Préstamos bancarios:	\$
Otras deudas (facturas médicas de otros centros):	\$
TOTAL	\$

Sírvase comentar cualquier otro punto relacionado con su situación financiera que considere debería tenerse en cuenta al determinar su elegibilidad para Asistencia financiera:

Autorizo a Tomah Health a verificar la información contenida en este formulario financiero. Declaro que la información anterior es veraz y representa mi situación económica actual. Entiendo que esta solicitud se aplica únicamente a las cuentas por servicios en Tomah Health.

Parte responsable (garante): _____ Fecha: _____
(firma)

SOLO PARA USO ADMINISTRATIVO

Adjudicación:

Descuento (si corresponde): %	Monto condonado: \$	Saldo del paciente: \$
Saldo del paciente pagadero como:		

Consejero de PFS:	Aprobación del CEO/CFO si la condonación es >\$10,000:
Comentarios adicionales:	

{TMH FA SA ACCT NUM: }

Estimado paciente:

Gracias por completar la Solicitud de asistencia financiera.

La información que presentó ha sido revisada y, con base en esa evaluación, usted califica para un descuento de {FA DISCOUNT AMOUNT: 41373}.

{FA SA BALANCE: }

También calificará para descuentos adicionales en futuros saldos de pago directo durante un período de 12 meses a partir de la fecha de esta carta, por sus servicios médicos.

Nota: Si no tiene un seguro, toda atención futura que no constituya una emergencia o no sea médicamente necesaria deberá ser aprobada antes de su atención.

A continuación, se detallan las condiciones de su plan de pago:

También puede realizar cambios en su plan de pagos a través de MyChart en <https://www.tomahhealth.org/pay-bill/>.

Si tiene preguntas o inquietudes, puede comunicarse al (608) 377-8640, de lunes a viernes, de 8:00 a.m. a 4:30 p.m. (hora central).

Sabemos que tiene opciones en cuanto a la atención médica y agradecemos su preferencia como paciente y cliente.

Gracias.