



Marshfield Clinic
Health System



Financial Assistance Policy

Marshfield Clinic Health System will provide emergency and medically necessary health care services for free or at discounted rates to patients who meet certain eligibility criteria.

Who is Eligible

Any individual may apply:

- Discounted care is available for uninsured and underinsured patients with income and excess asset values at or below 400% of the Federal Poverty Guidelines.
- Free care is available for patients with income and excess asset values at or below 200% of the Federal Poverty Guidelines.
- Assistance may be available in other circumstances depending on the size of the patient's medical bills and whether other eligibility criteria are met.

Patient Assistance Counselors will assist individuals with applications for Medicaid and other charitable assistance program(s).

Limitation on Charges

A patient qualifying for financial assistance under the Financial Assistance Policy will not be charged more than the amounts generally billed for the same emergency or medically necessary services to individuals who have insurance covering such care.

To Obtain Free Copies* of the Policy and application

- In person: At any of the hospital or clinic registration and admitting locations, or emergency departments.
- Phone: **1-800-782-8581, ext. 9-4475**
- Online: www.marshfieldclinic.org/financial-assistance
- Email: PACCounselorShared@MarshfieldClinic.org

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Contact information

How to Apply

Patients seeking financial assistance may apply by completing a Financial Assistance Application and mailing or hand-delivering the application to:

Marshfield Clinic Health System

Patient Assistance Center, 3Q4
1000 North Oak Avenue
Marshfield, WI 54449

Phone: **715-389-4475**

Patients can obtain free copies of the Financial Assistance policies and applications as follows:

- Online at marshfieldclinic.org/patient-resources/billing/financial-assistance
- Call the Financial Counseling Dept. at 1-800-782-8581 extension 9-4475.
- At check-in desks at any MCHS facility

To request assistance completing the Financial Assistance application, contact:

Marshfield Clinic Health System

1000 N Oak Avenue
Marshfield, WI 54449
1-800-782-8581, ext. 94475

*Las copias de la Solicitud de Asistencia Financiera, la Política de Asistencia Financiera (incluyendo este resumen), y la facturación y Política de colección están disponibles en Inglés, español, y hmong de forma gratuita llamando al **1-800-782-8581, ext. 94475** o en línea en <http://www.marshfieldclinic.org/financial-assistance>

*Cov ntawv luam ntawm cov nyiaj txiag Assistance Daim ntawv thov, cov nyiaj txiag Assistance Txoj cai (xws li no txoj kev), thiab cov nqi thiab Collection Txoj cai no muaj nyob rau hauv lus Askiv, lus Mev, thiab lus Hmoob dawb xwb los ntawm kev hu mus rau **1-800-782-8581, ext. 94475** lossis hauv online ntawm <http://www.marshfieldclinic.org/financial-assistance>



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