Financial Assistance Policy

Tamarack Health	
Policy Title:	Financial Assistance Policy
Effective Date:	10/01/2016
Revised Date:	03/01/2026

Scope: This policy applies to Tamarack Health Ashland Medical Center and Tamarack Health Hayward Medical Center, collectively ("Tamarack Health"). This policy does not apply to assisted living, skilled nursing facility, cash-only, or optical services.

Tamarack Health is committed to providing emergency and medically necessary health care services to patients without regard to their ability to pay. We recognize that, due to economic and personal financial hardship, financial assistance may be necessary to allow the patients we serve to get the care they need. No patient will be denied financial assistance on the basis of age, color, disability, gender identity, race, religion, sex, sexual orientation, or national origin. Financial assistance will be provided to the patient and his or her guarantor (typically, the patient's parent or legal guardian) who, after investigation of circumstances surrounding ability to pay, is determined to be unable to pay all or a portion of billed charges. This includes patients who are insured, but determined to be unable to pay all or a portion of their co-payments, co-insurance, and deductibles.

Financial assistance will take the form of discounted or free care.

Community based physicians not employed by the Tamarack Health (Appendix A) may bill separately for services and will not be included in this policy. Refer to Appendix B for a list of providers included in this policy.

Notwithstanding any other provision of this policy, Tamarack Health will provide, without discrimination, care for Emergency Medical Conditions (within the meaning of Section 1867 of the Social Security Act (42 USC 1395dd)) to all individuals seeking such care, regardless of their ability to pay or their eligibility for financial assistance under this policy.

Procedure

A. ***Notification of Program*** -- Guarantors will be notified of the availability of the Tamarack Health's Financial Assistance Program upon request; guarantors will be offered a plain language summary of this policy prior to the patient's discharge (plain language summaries will be available in the emergency department, admissions area and other appropriate areas of the hospitals and clinics). Tamarack Health will provide the plain language summary at the front desk or waiting area. In addition, as provided in our Billing and Collection policy, in all billing statements (at least 3) over a period of not less than 120 days commencing on the date of the first bill issued to the guarantor for such services, we will inform the guarantor of the availability of financial assistance. During the same 120-day period, all written and oral communications with our financial representatives regarding amounts due for the care provided will include information regarding the availability of financial assistance pursuant to this policy.

B. ***Eligibility –*** Discounts will be based on income and family size only. Tamarack Health uses the Census Bureau definition of family. **Family** is defined as a group of two or more (one of whom is the householder) related by birth, marriage, or adoption, and residing together; all such people (including related subfamily members) are considered as members of one family.

C. ***Scope of Income to be Considered*** – **Income** includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Non-cash benefits (such as food stamps and housing subsidies)* ***do not*** *count.*

D. ***Discount Percentage*** -- The measure for financial assistance will be a sliding scale based on the US DHHS Federal Poverty Guidelines (FPG), as follows (see Appendix C for FPG table):

Household Income Level	*Maximum Discount Percentage (Includes Uninsured Discount)*
At or below 100% FPG	100%
At or below 200% FPG	75%

E. ***Calculation of Charges and Amount Due*** -- Following a determination of financial-assistance eligibility, the eligible individual will not be charged more for emergency or medically necessary care than the amounts generally billed (AGB) to individuals with insurance covering such care.

At Tamarack Health, the AGB for each of our hospital facilities will be calculated separately.

For 2026, each hospital facility is using the "look-back method" to calculate the AGB. This method is based on fully-allowed payment amounts for each hospital's claims with a primary payer of either Medicare fee for service or a commercial payer during the period of 1/1/2025-12/31/2025. Each hospital facility divides the sum of total payments allowed by those payers (including coinsurance, copayments, and deductibles) by the sum of total hospital charges for those claims to identify the "AGB percentage".

AGB as determined for each facility for the period of 3/1/2026-2/28/2027 (unless earlier updated) is as follows:

- Tamarack Health Ashland Medical Center: 50 percent of total hospital charges
- Tamarack Health Hayward Medical Center: 49 percent of total hospital charges

Tamarack Health will re-calculate its AGB at least annually.

Tamarack Health will not charge patients eligible for financial assistance more than above-noted AGB percentage for emergency or medically necessary services.

F. ***Qualification Based on Size of Bill*** -- Financial assistance may also be provided for guarantors who are unable to pay some or all of the patient's hospital bills because the bills are so extensive that payment threatens the Household's financial stability, even though the Household's income otherwise exceeds 200% of FPG. Such financial assistance will be determined based on income and the size of the patient's hospital bill.

G. ***Application Process*** -- Applicants for the Financial Assistance Program must complete the "Financial Assistance Application" (Appendix D). Supporting documentation such as tax returns and check stubs as outlined in the Financial Assistance Application are required. Financial assistance applications are available by the following:

Method	Tamarack Health Ashland Medical Center	Tamarack Health Hayward Medical Center
In Person	1615 Maple Lane Ashland, WI 54806	11040 North State Road 77 Hayward, WI 54843
Telephone	(715) 685-5500	(715) 934-4267
Online	www.tamarackhealth.org/patients-visitors/billing-services/financial-assistance	

Completed applications should be returned in person at the registration desk or by mail to the applicable address above. If an incomplete application is submitted, a letter will be generated to the guarantor asking for additional information to be provided within 30 days.

H. ***Approval/Denial of Financial Assistance*** - A letter either approving or denying a request for financial assistance will be sent to the applicant within 30 days of the receipt of a completed application. A completed application includes all required supporting documentation. Denials may be appealed through the Patient Financial Services Department. All appeals should be requested in writing, and include supporting documents that demonstrate the inability to pay that were not available or included at the time of initial consideration. Decisions regarding Financial Assistance are documented in the billing system.

I. ***Time Period for Submission of Applications*** – Tamarack Health will accept and consider financial assistance applications submitted at any time up until the date that is 240 days after the date of the first billing statement issued to the guarantor for the services at issue. Applications made during this timeframe will be considered even if the account has already been placed with a collection agency; if such an application is received for financial assistance, collection efforts will be terminated or modified as appropriate based on the financial assistance determination.

J. ***Duration of Eligibility Determination*** -- A determination of qualification for financial assistance will apply with respect to all medically necessary services rendered, and charges incurred, during a period commencing *with the date of* the original services for which financial assistance was *sought* and continuing for 180 days after financial assistance qualification was determined. Additional services rendered and charges incurred after such date will require the completion of a new application as described in (G) above.

K. ***Effect of Non-Payment*** -- Balances remaining after application of the financial assistance discount are subject to timely payment consistent with standard Tamarack Health billing and collection practices. In the event of non-payment, Tamarack Health may take any and all collection actions described in our Billing and Collection policy; a free copy of that separate policy can be obtained by contacting the Patient Financial Service Department, or our website as described in (G) above.

L. ***Presumptive Financial Assistance Eligibility*** -- Patients who are unable to complete an application form may be eligible for Financial Assistance if other evidence is available which may indicate financial hardship. This information may be obtained from a patient interview, credit bureau, or other available records. Consideration may be given on an individual basis. Examples

of patient circumstances that would indicate financial hardship and presumptively qualify for finance assistance are as follows:

1. Deceased with no estate – based on the conclusion that the decedent has no assets, and therefore no ability to pay.
2. Accounts uncollectible due to discharge of account by bankruptcy.
3. Patients who are homeless at the time of registration or admission.
4. If it has been determined that a patient has been approved for Wisconsin Medical Assistance (WMA), any accounts the patient has incurred eight months (240 days) prior to date of discovery of WMA eligibility will qualify for presumptive eligibility. The FAP will remain active for six months following discovery of WMA Eligibility.
5. Any account returned by the collection agency that has been determined to be uncollectible may be considered for Financial Assistance.
6. Qualified individuals under another organization's similar Financial Assistance application process.
7. Patients listed for collections will be scored through a credit bureau. This score will cause a "soft hit" on your credit file and will not affect your credit score. All accounts that score below 499 and have no payments applied to the account will be qualified for Financial Assistance.
8. Patients that require urgent or emergent care covered under a non-contracted Medicaid plan will be considered presumptively eligible for financial assistance.

M. ***Publication of Financial Assistance Policy*** -- This policy, the Financial Assistance Application, and a plain-language summary will be made available for download from Tamarack Health's website: www.tamarackhealth.org/patients-visitors/billing-services/financial-assistance. Paper copies will be made available upon request and without charge at registration. Signs notifying hospital visitors about the policy will be posted. Tamarack Health will develop a plan to inform and notify residents of the community served about the policy in a manner reasonably calculated to reach those most likely to require financial assistance.

N. ***Uninsured Discount*** – Uninsured patients - excluding those receiving cosmetic procedures will be given an uninsured discount of 5%. The discount is comparable to the discount provided to most insurance companies.

Appendix A: Hayward Non-Covered Providers
Appendix A: Ashland Non-Covered Providers
Appendix B: Hayward Covered Providers
Appendix B: Ashland Covered Providers
(Appendices A and B can be viewed at https://www.tamarackhealth.org/patients-visitors/billing-services/financial-assistance)

Appendix C: Federal Poverty Guidelines FFY 2026

Unit Size	100% Discount (100% of FPL)	75% Discount (200% of FPL)
1	$15,960	$31,920
2	$21,640	$43,280
3	$27,320	$54,640
4	$33,000	$66,000
5	$38,680	$77,360
6	$44,360	$88,720
7	$50,040	$100,080
8	$55,720	$111,440
9	$61,400	$122,800
10	$67,080	$134,160

Appendix D: Financial Assistance Request Form

If you have medical bills for the following facilities, please check all boxes that apply:

☐ Tamarack Health Ashland Medical Center
☐ Tamarack Health Hayward Medical Center

I. Patient Information

PATIENT'S NAME LAST	FIRST	MI	PRIMARY CARE PHYSICIAN
STREET ADDRESS	CITY STATE ZIP		
DATE OF BIRTH / TELEPHONE - HOME	TELEPHONE - WORK		TELEPHONE - CELL

II. Guarantor Information

NAME OF PERSON RESPONSIBLE FOR PAYING THE BILL	RELATIONSHIP	Please check this box if you are applying to pre-qualify ☐
STREET ADDRESS	CITY STATE ZIP	
DATE OF BIRTH / TELEPHONE - HOME	TELEPHONE - WORK	TELEPHONE - CELL

III. Household Information – Please indicate ALL people living in your household, including applicant (use additional paper, if necessary)

HOUSEHOLD MEMBERS FIRST AND LAST NAME	DOB	RELATIONSHIP TO PATIENT	EMPLOYER NAME	WAGES WEEKLY $	INSURED?* IF YES, LIST INSURANCE (I.e. Blue Cross, Medica, etc.) **Insurance status will not impact discount eligibility*
1.					Yes ☐ No ☐
2.					Yes ☐ No ☐
3.					Yes ☐ No ☐
4.					Yes ☐ No ☐

IV. OTHER INCOME	Social Security received $	Unemployment received $
Child Support received $	Pension, 403b, 401k, IRA received $	Other forms of income $

Please feel free to attach additional information regarding your current situation.

V. Required Documentation – Information that must be sent with this application

Please check that you have included the following:

☐ Copy of previous year's tax returns FIRST PAGE ONLY	☐ Copy of latest bank statements *Your bank statement is used for proof of income statements only. Balance of cash assets are not part of the income process.*	☐ Income verification showing earnings or pay stubs for all income year-to-date. THIS IS ANY OTHER INCOME NOT REPORTED ON YOUR BANK STATEMENT AS DIRECT DEPOSIT.

We may require additional documentation in order to assist you. If so, we will contact you at the telephone numbers you have listed. If you have questions regarding this form, please call:

- Tamarack Health Ashland Medical Center at (715) 685-5500
- Tamarack Health Hayward Medical Center at (715) 934-4267

Please note: If your parent or someone else provides your basic living support, you must include their tax and income information.

IX. Authorization

I hereby certify the information contacted in the above financial questionnaire is correct and complete to the best of my knowledge. I authorize Tamarack Health to verify any or all information given.

_____ _____
RESPONSIBLE PERSON'S SIGNATURE DATE