



Plain Language Financial Assistance Policy Summary

Stoughton Hospital is committed to providing financial assistance to people who are without insurance, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. Stoughton Hospital will provide care of emergency medical conditions to individuals regardless of their ability to pay. Stoughton Hospital does not want a person's ability to pay their bill to stop them from getting care. This is a summary of Stoughton Hospital's Financial Assistance Policy (FAP).

Availability of Financial Assistance

You may be able to get financial assistance if you are not able to pay your health care bill. Stoughton Hospital gives financial assistance for required medical services. Optional services, such as cosmetics, will not receive financial assistance.

Eligibility Requirements

Total income of the people living in the home and number of family members is used to determine if you will get assistance. Financial need does not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Financial assistance is available on a sliding scale. Stoughton Hospital 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 amounts generally billed to individuals who have insurance, and may be eligible for additional discounts.

Where to Find Information

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

- Download the information on-line at www.stoughtonhospital.com/FAP
- Request the information in writing by fax or mail to: Stoughton Hospital Patient Financial Services, 900 Ridge Street, Stoughton, WI 53589, fax number (608) 873-2255 or by visiting the Stoughton Hospital Registration or Patient Financial Services departments
- Request the information by calling the Stoughton Hospital Patient Financial Services Department at (608) 873-2257.

Availability of Translations

The Financial Assistance Policy, application form, and plain language summary can be offered in Spanish and Albanian. Stoughton Hospital may elect to use translation aides, or use a qualified bilingual interpreter by request. For information about translation of Stoughton Hospital's Financial Assistance forms, please go to the Stoughton Hospital Registration Department.

How to Apply

You will need to fill out a financial assistance form. The completed form and requested documents will need to be sent to Stoughton Hospital to review. If you need help with the form, you may contact the Stoughton Hospital Patient Financial Services Department at (608) 873-2257. When done, the application and requested documents should be delivered, mailed or faxed to: Stoughton Hospital Patient Financial Services, 900 Ridge Street, Stoughton, WI 53589 or fax number (608) 873-2255.