

Financial Assistance Policy

Plain Language Summary

Emergency Care

Osceola Medical Center will provide care for all individuals considered to be in an emergency medical condition, disregarding the patient's ability to pay.

What if I can't pay for my medical bills?

We offer one Program to help our patients pay their medical bills: Community Care is a program that covers charges for many service in our clinic and hospital.

What is Community Care?

Community Care was established to assist patients with their healthcare needs. Patients who are unable to pay for their healthcare may apply for Community Care assistance. Community Care is available on special hardship basis. Community Care is available to Osceola Medical Center patients after all other resources of payment have been exhausted AND the patient has been denied for medical assistance. All patients receive medical care regardless of their ability to pay. To inquire about Community Care, please ask to speak with a Financial Counselor.

- You may qualify for free or discounted care based on your household income and assets (like a house or car).
- Covers: Emergency and medically needed care
- Does not cover: Out-of-network or some Non-covered services (based on your insurance) or care from a non-OMC doctor.

How do I apply?

To apply, call one of the numbers listed here. We will mail an application to you along with a list of the required documents (you will need to show proof of your income and property). You may also print an application from our website.

For a copy of Osceola Medical Center's Financial Assistance Policy or a Community Care application, please call 715-294-5637 or visit www.myomc.org. You can also stop by the hospital information desk or call a

financial counselor for help with the application process.

Osceola Medical Center shall review and evaluate each applicant's situation in order to base a decision on qualifications. Osceola Medical Center will review:

- Size of family
- Individual or family income
- Other sources of payments for services rendered.

Collection Policy Reference

Osceola Medical Center may report to a collection agency in the event of inadequate payment. We hold a separate policy outlining collection procedures; please look to this policy for details.

- Extraordinary Collection Action (ECA): Before taking legal action to collect money, such as lawsuits or garnishing your paycheck, OMC will make a reasonable effort to see if you qualify for financial help.
- Amounts Generally Billed (AGB): If you qualify for financial help, we will not charge you more than the amount we generally bill insured patients. You can find AGB information at www.myomc.org

Resources

For information or assistance call 715-294-5684 or 1-888-565-4662 and ask to speak with a Financial Counselor. To meet with someone directly come to Osceola Medical Center, 2600 65th Avenue, Osceola, WI.

The Financial Assistance Policy is available in the following languages, other than English: Spanish, Somali, Hmong, German, Dutch, French, Korean, Lao, Hindi, Albanian, Tagalog, Polish, Vietnamese, Russian and Chinese (Simplified). [The financial policy is only translatable, for the additional languages, on our website. For a printed document in one of the above languages, please contact OMC at 715-294-2111.], call 715-294-5637 or visit www.myomc.org.

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We comply with applicable federal civil rights laws and Minnesota laws. We do not discriminate on basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

DEFINITION

- Financial Assistance Policy (FAP) means Osceola Medical Center Financial Assistance Program for Uninsured Patients Policy, which includes eligibility criteria, the basis for calculating charges and the measures to publicize the policy, and sets forth the financial assistance program.
- Plain language Summary means a written statement that notifies an individual that Osceola Medical Center offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP.
- Application Period means the period during which Osceola Medical Center must accept and process an application for financial assistance under the FAP. The Application Period begins on the date the care is provided and ends on the 240th day after the PH provides the first billing statement.
- Billing Deadline means the date after which Osceola Medical Center may initiate an ECA against a Responsible Individual who has failed to submit an application for financial assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Individual provided as least 30 days prior to such deadline, but no earlier than the last day of the Notification Period.
- Completion Deadline means the date after which Osceola Medical Center may initiate or resume an ECA against an individual who has submitted an incomplete FAP if that individual has not provided the missing information and/or documentation necessary to complete the application. The Completion Deadline to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring of a Self-Pay Account to another party for purposes of collection without the use of any ECAs. FAP-Eligible Individual means a Responsible Individual eligible for financial assistance under the FAP without regard to whether the individual has applied for assistance.
- Notification Period means the period during which Osceola Medical Center must notify an individual about its FAP in order to have made reasonable efforts to determine whether the individual is FAP-Eligible. The Notification Period begins on the first date care is provided to the individual and ends on the 120th day after PH provides the individual with the first billing statement for the care.
- PFS means Patient Financial Services, the operating unit of Osceola Medical Center responsible for billing and collecting Self-Pay Accounts.
- Responsible Individual means the patient and any other individual having financial responsibility for a Self-Pay Account. There may be more than one Responsible Individual.
- Self-Pay Account means that portion of a patient account that is the individual responsibility of the patient or other Responsible Individual, net of the application of payments made by an available healthcare insurance or other third-party payer (including co-payments, co-insurance and deductibles), and net of any reduction of write off made with respect to such patient account after application of an Assistance Program, as applicable.