

OUR MISSION

The mission of St. Joseph's Hospital is to deliver quality compassionate health care services to all people.

OUR VISION

Reflecting our high regard for one another as inspired by our Franciscan tradition, St. Joseph's Hospital will be the preferred choice for healthcare and hospital services in Chippewa County and the surrounding area.

OUR VALUES

Our core values of respect, care, competence and joy will be lived by all who work here and felt by all who use our services.

CREDIT SERVICES

St. Joseph's Hospital is dedicated to providing quality medical care. To assure you of quality care and in order for St. Joseph's Hospital to have financial resources to serve the community needs, standard policy and procedures will be followed.

We are always available to answer your financial questions regarding your hospital bill. If you have questions regarding your bill or need assistance in paying your bill, contact Credit Services at (715) 726-3477 or (715) 726-3443.



2661 County Highway I
Chippewa Falls, WI 54729

www.stjoeschipfalls.com

An Affiliate of Hospital Sisters Health System

01120435

An equal employment opportunity employer
functioning under an affirmative action plan.

**Your choice. Your Voice.
Ask for St. Joseph's Hospital.**

CHARITY CARE PROGRAM



CHARITY CARE PROGRAM

St. Joseph's Hospital's Charity Care Program offers assistance to all who qualify. The Hospital Credit Counselors assist patients in exploring all options for financial assistance. All patients are welcome to apply for Charity Care to determine if they meet guidelines established by the Charity Care Committee. These guidelines are not meant to discourage anyone from seeking quality care, but they are designed to ensure hospital resources are used by people who qualify.

ELIGIBILITY

Any patient or responsible party (i.e. head of household, spouse, parent, grandparent, etc.) who feels they may be in need of financial assistance can apply. The Hospital's Charity Care Guidelines will determine level of need and who qualifies for financial assistance.

TO APPLY FOR CHARITY CARE

- Applicants can call the Hospital's Credit Services at (715) 726-3477 to make an appointment or for more information.
- Credit Services staff will assist the applicant in completing the Charity Care Application Form.
- The applicant will be required to furnish proof of income and information on assets and on possible future income. A tax return, bank statements and payroll stubs for the past 90 days must also be submitted for proof of income.
- The Charity Care Committee will review the application and supporting documents and determine if the applicant meets the guidelines.

IF YOU QUALIFY FOR CHARITY CARE

- Applicants will be notified in writing and/or by phone that they are eligible and what percentage of their account will be credited.
- Patient Accounts Services will subtract the approved charity care amount from the patient's bill and confirm payment arrangements on any remaining balance.
- A notation will be placed in the patient's file regarding what portion of their bill was forgiven through the Charity Care Program.

IF YOU DO NOT QUALIFY FOR CHARITY CARE

- Applicants will be sent a letter explaining why they are not eligible.
- Ineligible applicants must make arrangements to pay their account by calling the Hospital's Credit Services at (715) 726-3477 within 14 days.
- Applicants are eligible to reapply at any time for charity care if their financial situation changes by calling Hospital's Credit Services at (715)726-3477 for re-determination of eligibility.