



# 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 eligibility criteria.**

## Who is Eligible

- Discounted care is available for uninsured and underinsured patients with income at or below 400% of the Federal Poverty Guidelines.
- Free care is available for patients with income at or below 100% of the Federal Poverty Guidelines.
- Assistance may be available in other circumstances depending on the size of the patient's medical bills and eligibility criteria.

Patient Financial Assistance Counselors will assist individuals with applications for Medicaid and other 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 an Application or Copy of the Policy

- In person: At any of the hospital, clinic or emergency department registration locations.
- Phone: **1-800-782-8581, ext. 9-4475**
- **Online:**  
[www.marshfieldclinic.org/financial-assistance](http://www.marshfieldclinic.org/financial-assistance)
- **Email:**  
[PACCounselorShared@MarshfieldClinic.org](mailto:PACCounselorShared@MarshfieldClinic.org)

## How to Apply

Applicants may request assistance in completing the application or mail the completed application to:

**Marshfield Clinic Health System**  
Patient Financial Assistance Center, 3Q4  
1000 North Oak Avenue  
Marshfield, WI 54449

**Phone:** 715-389-4475 or 1-800-782-8581, ext. 94475  
**Email:** [PACCounselorShared@marshfieldclinic.org](mailto:PACCounselorShared@marshfieldclinic.org)



**Marshfield Clinic  
Health System**