

Patient Financial Assistance Program Plain Language Summary

Do you need help paying your medical bill?

Bellin has a program designed to help those in need.

Who Can Apply – All patients can apply for assistance. Contact us for available options. We can determine if you qualify for free or reduced services after the application is completed.

Income % of Poverty Guidelines	% of Financial Assistance	Income % of Poverty Guidelines	% of Financial Assistance
0-220%	100%	301-320%	50%
221-240%	90%	321-340%	40%
241-260%	80%	341-360%	30%
261-280%	70%	361-380%	20%
281-300%	60%	381-400%	10%

We can help patients who don't have health insurance. Contact us for information on coverage options and help completing paperwork, including Medicaid, Medicare, disability forms, and Bellin's financial assistance application form.

How to Apply – Applications are available:

1. Online at bellin.org
Patients/Visitors > Patient Information > Financial Assistance
2. By calling 920-445-7210
A free copy of the Financial Assistance policy and application will be sent to you by mail
3. At any Bellin location

Complete a Bellin Financial Assistance Application and Return it to:

Bellin Health Administrative Office
2020 S. Webster Avenue