

## Our Mission

To further the healing ministry of Jesus Christ by improving the health and well-being of our community, especially those in need.



DCMC does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau:



**Door County  
Medical Center**

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

323 South 18th Avenue  
Sturgeon Bay, WI 54235

920.746.3502 or 800.522.8919

[dcmedical.org](http://dcmedical.org)

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# FINANCIAL ASSISTANCE PROGRAM

Assistance for persons unable to pay co-pays, deductibles, or for medical services  
Effective January 2025



**Door County  
Medical Center**

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

Trusted team. Close to home.

## FINANCIAL ASSISTANCE BASED ON THE ABILITY TO PAY

At Door County Medical Center (DCMC), our mission is caring for all people. High quality care is our commitment — regardless of ability to pay, race, color, creed, sex, national origin or ancestry.

Because our resources are limited, we must set guidelines. These guidelines help us to assist patients who are least able to pay. They do not prevent anyone from seeking medical treatment.

### To qualify for assistance

- Complete an application form (we can help you complete the form if needed);
- Provide documentation of income;
- Provide a statement of assets (what you own);
- Provide evidence that you have explored all other means of assistance, including private and public aid when appropriate.

### For more information

To request the Financial Assistance Program guidelines and an application, write or call: Patient Financial Services Department  
ATTN: Financial Assistance Program  
920-746-3502 option 2 or 1-800-522-8919.

To speak with a financial representative in person, please visit DCMC Sturgeon Bay.

Program guidelines and the application are also available at [dcmedical.org](http://dcmedical.org).

## Income Guidelines January through December 2025

Based on gross family income shown below as a percentage of 2025 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2025	200% FPL	400% FPL
1	\$15,650	\$31,300	\$62,600
2	\$21,150	\$42,300	\$84,600
3	\$26,650	\$53,300	\$106,600
4	\$32,150	\$64,300	\$128,600
5	\$37,650	\$75,300	\$150,600
6	\$43,150	\$86,300	\$172,600
7	\$48,650	\$97,300	\$194,600
8	\$54,150	\$108,300	\$216,600
Each Additional	\$8,070		

#### Applicable Discount

Patients whose family income and assets is at or below 200% of the Federal Poverty Level determination are eligible to receive free care.

Patients whose family income and assets is above 200% but not more than 400% of the FPL are eligible to receive services at a sliding fee scale.

Patients whose family income and assets is above 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis at the discretion of DCMC. Patients who are not eligible for financial assistance and the patient's responsibility exceed 25% of the annual gross family income may qualify for a catastrophic financial assistance adjustment.

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