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Rate Increases

Please select the hospital to which this rate increase applies:

Memorial Hospital of Lafayette Co. (Darlington) - 025 ▼

The facilities you specified when you registered will be listed here. Select the facility for which this rate increase applies. Separate forms must be submitted for each facility.

Effective date of rate increase:

07/01/2021

Specify the effective date of the rate increase.

Check if no rate increase applies:

Check if you are submitting this form to notify us that your hospital will have no rate increase.

Percent of rate increase:

3.14 %

Specify the rate increase percent.

Select rate increase notice file:

Choose File

Click on Choose File to attach a PDF copy of the rate increase notice sent to the newspaper.

Enter comments if desired:

Optional comments to be logged with this submission.

■ Submission of this form and all necessary documentation is accurate to the best of my knowledge and completes our facilities statutory obligation as defined in State statutes (DHS 120) that require Wisconsin hospitals to report certain price increases to WHA Information Center (WHAIC).

Submit

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