

# We want to help.

Let's work together on the details.

**As a not-for-profit, faith-based organization, we're dedicated to providing care regardless of our patients' ability to pay.**

We offer a variety of financial assistance programs to help our patients who have difficulty paying medical bills. Your financial circumstances will not affect the care you receive. We treat every patient with dignity, respect and compassion.

**Please note.**

These financial assistance programs apply only to Presence Health hospital charges. Please be aware that you will receive separate bills from each independent practitioner or group of practitioners for services provided. Please see the Financial Assistance Provider List on our website to determine if these practitioners apply this Financial Assistance policy to their bills.

This brochure is a summary of our financial assistance programs. For full information about eligibility and program details, please see the Financial Assistance Policy posted on our website at [presencehealth.org/financial-assistance](http://presencehealth.org/financial-assistance).

You can also receive our full Financial Assistance Policy and a copy of the application by mail, for free, by calling one of the phone numbers on the back and requesting a copy mailed to you. You can also receive a copy of our Billing & Collections Policy, which details how we may handle the portion of costs that you may be responsible for, by calling one of the phone numbers on the back and requesting a copy.

Already received a bill and have questions? Call our Customer Service at 888.740.4111.



## Our programs.

**Financial Assistance**

Offers free or discounted care based on family size and income according to the Federal Poverty Guidelines (FPG). Available to uninsured patients and insured patients with out-of-pocket expenses. To apply, complete the Financial Assistance Program Application at [presencehealth.org/financialassistance](http://presencehealth.org/financialassistance).

**Automatic Uninsured Self-Pay Discount**

Provides an automatic 40% discount to uninsured patients for all medically necessary health care services. No application necessary. Those who receive a pre-negotiated discount will not be eligible.

**Catastrophic Discount**

Limits out-of-pocket costs over a 12-month period for medically necessary services when it exceeds 15% of your family's gross income. Available to uninsured and insured patients. To apply, complete the Financial Assistance Program Application.

**Payment Plan**

Assists patients with financial needs through payment arrangements. Available to both uninsured and insured patients. One of our financial counselors will help you set up a payment plan.

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If you do not qualify for assistance but believe you have special circumstances, you can request a review by the hospital's financial assistance committee by completing the Financial Assistance Program Application.

You may also be eligible for public programs such as Medicaid or Medicare. Applying for such programs may be required before requesting financial assistance.

## Learn more.

[presencehealth.org/financialassistance](http://presencehealth.org/financialassistance)

*Inspired by the healing ministry of Jesus Christ, we, Presence Health, a Catholic health system, provide compassionate, holistic care with a spirit of healing and hope in the communities we serve.*

## Applying is easy.

### Request an application.

Find forms at the hospital or online at:  
[presencehealth.org/financial-assistance](http://presencehealth.org/financial-assistance)

### Fill out and return.

Complete the application and provide any supporting documents soon after receiving care and return to the hospital or mail to:

**Presence Health  
 Financial Counseling  
 1000 Remington Blvd., Suite 110  
 Bolingbrook, Illinois 60440**

**For help filling out the application, call the number for your hospital below or visit Patient Financial Counseling at the hospital where you were treated.**

### We review your application.

We will review your application to see if you qualify based on the guidelines in the Financial Assistance Policy. If there are special circumstances that affect your ability to pay, these may be reviewed by the hospital's financial assistance committee.

### You receive an answer.

We will send you a written decision within a reasonable time period. In the meantime, payment of your bill will be suspended. If your request is denied, you will be given an explanation and information on setting up a payment plan and how to appeal the decision, if applicable.

## Already eligible?

If you have already qualified for certain government-sponsored programs, such as food stamps or subsidized housing, you will be presumed eligible for assistance from us. No application necessary. Just supply us with verification that you are enrolled.

## It's confidential.

All applications for financial assistance are kept completely private. The information you provide is shared only with those responsible for determining your eligibility.

## 2018 Federal Poverty Guidelines Financial Assistance for Self-Pay Patients

Family Size	This amount or less qualifies for <b>100% discount</b> (200% FPG)	This amount or less qualifies for <b>90% discount</b> (300% FPG)	This amount or less qualifies for <b>81% AGB discount</b> (400% FPG)	This amount or less qualifies for <b>81% AGB discount</b> (600% FPG)
1	\$24,280	\$36,420	\$48,560	\$72,840
2	32,920	49,380	65,840	98,760
3	41,560	62,340	83,120	124,680
4	50,200	75,300	100,400	150,600
5	58,840	88,260	117,680	176,520
6	67,480	101,220	134,960	202,440
7	76,120	114,180	152,240	228,360
8	84,760	127,140	169,520	254,280
9	93,400	140,100	186,800	280,200
10	102,040	153,060	204,080	306,120
11	110,680	166,020	221,360	332,040
12	119,320	178,980	238,640	357,960

Financial Assistance for Insured Patients Financial Assistance in the form of 100% discounts (free care) are available for patient-liability amounts remaining after insurance payments, for insured patients who are Illinois residents with family gross income less than or up to 200% of the Federal Poverty guidelines. For insured patients with family gross income between 200% and 400% of the Federal Poverty guidelines, the expected patient payment will not be more than amounts generally billed (AGB) The amount of Financial Assistance will be determined once all third-party payment amounts have been identified. In addition, insured patients with high hospital bills may receive a Catastrophic Discount. Discounts for patients above 400% of the Federal Poverty Guidelines are calculated based on the Amount Generally Billed (AGB) to insured patients for similar services. Please see our website for details on how the AGB is calculated.

## Calculating the level of assistance.

Find out whether or not you may qualify for financial assistance by looking at the chart below. Find your family size in the first column and then look right to see which category your household income falls under. This will tell you what percentage of financial assistance you may qualify for.

### Full Financial Assistance

To qualify for 100% financial assistance, your household income must be at or below 200% of the current Federal Poverty Guidelines (FPG). Insured and uninsured patients who meet this requirement will receive a full write-off of patient charges.

### Partial financial assistance

Patients who have an income above 200% of the FPG may also qualify for partial financial assistance for out-of-pocket expenses. A sliding scale is used for insured and uninsured patients to determine a discount percentage on charges.

## Get in Touch.

Call us or visit our website at  
[presencehealth.org/financial-assistance](http://presencehealth.org/financial-assistance).

Presence Covenant Medical Center | **888.693.2252, Option 4**

Presence Mercy Medical Center | **630.801.2654**

Presence Saint Joseph Hospital - Elgin | **847.695.3200 ext. 3220, 5294**

Presence Saint Joseph Medical Center | **815.725.7133 ext. 5649, 5695**

Presence St. Mary's Hospital - Kankakee | **815.937.2028**

Presence United Samaritans Medical Center | **888.693.2252, Option 4**

Presence Holy Family Medical Center | **847.954.5485**

Presence Resurrection Medical Center | **773.792.5010**

Presence Saint Francis Hospital | **847.316.2402 or 847.316.2012**

Presence Saint Joseph Hospital - Chicago | **773.665.6476**

Presence Saints Mary and Elizabeth Medical Center | **312.770.3164 or 312.770.2897**

### We speak your language.

Visit [presencehealth.org/financial-assistance](http://presencehealth.org/financial-assistance) to receive information about financial assistance in another language, or request information at one of our hospitals.