



The Illinois Uninsured Discount

What You Should Know

The Illinois Uninsured Discount Patient Act became law on April 1, 2009. The act requires all hospitals to provide discounts to uninsured patients meeting certain eligibility requirements.

Those Eligibility requirements include:

- ✓ You must be an Illinois resident
- ✓ You must be a hospital patient without any insurance or coverage
- ✓ You must meet certain Income eligibility requirements based on your family size and income
- ✓ Your hospital charges must be greater than \$300
- ✓ The services you receive must be medically necessary. The discount does not apply to elective cosmetic surgery or non-medical services such as social or vocational services
- ✓ You must apply for the discount within 60 days after the date of service or discharge date.
- ✓ You may be required to apply for Medicare, Medicaid, AllKids, SCHIP, or other public program if there is a reason to believe that you would qualify

You will be asked to fill out an application and provide certain types of information to help verify your gross income and family size (see the reverse side of this form for help in gathering gross income information). Acceptable forms of information to help establish gross income include any one of the following:

- A copy of the most recent tax return
- A copy of the most recent W-2 forms and 1099 forms
- Copies of the 2 most recent pay stubs
- Written income verification from an employer if paid in cash
- One other reasonable form of third party income verification deemed acceptable to the hospital

The Illinois Uninsured Discount does not apply to things such as doctor's office visits or home care visits. However, you may still apply for OSF Charity to help pay for these types of services.

Please contact the OSF Patient Accounts and Access Center (PAAC) to learn more about the Illinois Uninsured Discount. In addition, OSF HealthCare offers charity care discounts for all patients who qualify. An application for the Illinois Uninsured Discount and/or for the Charity Care discount may be obtained by calling (309) 683 – 6750 or toll free at 1(800) 421 – 5700, 8am – 4:30pm Monday through Friday. Applications are also available online at www.osfhealthcare.org.

Please review your most recent tax Federal 1040 Tax Form for the information listed below. The corresponding line from your tax return is listed to help you easily find this information. List both the previous tax year (under the “Last Calendar Year” section) and any updates you have for “This Calendar Year”.

(If married and filing separately, please include Income of both Husband and Wife)

	IRS Form	Last	This
<u>Income Source</u>	<u>1040 Line</u>	<u>Calendar Year</u>	<u>Calendar Year</u>
Wages, Salaries, Tips, Etc.	7		
Interest - Taxable	8a		
Interest - Tax-Exempt	8b		
Dividends	9a		
Tax Refunds, Offsets, Credits	10		
Alimony Received	11		
Business Income or (Loss)	12		
Capital Gain or (Loss)	13		
Other gains or (Losses)	14		
IRA Distributions	15a		
Pensions and Annuities	16a		
Rental real estate, Royalties, Partnerships, S Corporations, Trusts	17		
Farm income or (Loss)	18		
Unemployment Compensation	19		
Social Security Benefits	20a		
Other Types Of Income		Additional Income	
Child Support Received			
Worker's Compensation			
Public Assistance or Welfare			
Veteran's payments			
Survivor benefits (other than pensions and annuities)			
Disability benefits			
Educational assistance, grants and scholarships			
Litigation settlements or judgments			
Other income			
Deductions			
Child Support Paid			