



OSF[®]

HEALTHCARE

Plain Language Summary of Financial Assistance Programs for OSF Hospitals

OSF HealthCare understands patients have concerns about their medical treatment. We also know you have concerns about paying for medical care. We are committed to providing access to health care for all. We offer several financial assistance programs to help with bills for medically necessary services. No patient eligible for financial assistance is billed more than the amount generally billed to individuals who have insurance covering the medically necessary care. In addition, we offer extended payment terms to eligible patients.

Financial Assistance Programs

A fully completed Financial Assistance Application and proof of income documents are required to apply for the following programs:

- OSF Straight Charity:** Family income and family size are compared to the OSF sliding fee scale and gross charges are discounted by the applicable percentage. The sliding fee scale begins with a 100% discount for family income not exceeding 200% of the Federal Poverty Guidelines. All insurance benefits must be exhausted to qualify for this program.
- OSF Catastrophic Charity:** Total unpaid charges must exceed 25% of family income to be eligible for catastrophic charity. The amount due is adjusted to 25% of family income when OSF determines catastrophic charity is more generous than Straight Charity. All insurance benefits must be exhausted to qualify for this program.
- Illinois Hospital Uninsured Patient Discount Act Discount:** An Illinois resident who is an uninsured patient may qualify for free or discounted medically necessary services from OSF Illinois Hospitals when family income is less than certain percentages of Federal Poverty Guidelines. Proof of residency and family income is required.
 - Rural or Critical Access OSF Hospitals: Eligible patients with family income of not more than 125% of Federal Poverty Guidelines receive a 100% discount on hospital charges exceeding \$300 per inpatient admission or outpatient encounter. If family income is between 126% and 300% of Federal Poverty Guidelines, eligible patients receive a discount on such charges equal to the Illinois Uninsured Discount Factor.
 - OSF Hospitals other than Rural or Critical Access Hospitals: Eligible patients with family income of not more than 200% of Federal Poverty Guidelines receive a 100% discount on hospital charges exceeding \$300 per inpatient admission or outpatient encounter. If family income is between 201% and 600% of Federal Poverty Guidelines, eligible patients receive a discount on such charges equal to the Illinois Uninsured Discount Factor.
- Healthy Michigan Law Discount:** Uninsured patients with family income below 250% of the Federal Poverty Guidelines may qualify for a discount on medically necessary services received from OSF's Michigan Hospital equal to the Medicare reimbursement rate plus 15%.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. OSF Healthcare cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. OSF Healthcare postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

Presumptive Charity: No Financial Assistance Application is required for Presumptive Charity Care. The hospital bill is reduced by 100% when there are no insurance benefits and the patient satisfies one of the following categories of presumptive financial need:

- Presumptive Charity categories for all OSF Hospitals: Homeless; Deceased with no estate; Mental incapacitation with no one to act on Patient's behalf; and Current Medicaid eligibility, but not on date of service or for non-covered service.
- Additional Presumptive Charity categories for OSF Hospitals that are not Rural or Critical Access Hospitals include enrollment in one of the following assistance programs for low income individuals: WIC, SNAP, Illinois Free Breakfast/Lunch Program, LIHEAP, Community Based Medical Assistance, or Grant Assistance.

How to obtain Application Form

You may obtain a copy of the OSF Financial Assistance Policy, Plain Language Summary and an Application in English and Spanish from our website: www.osfhealthcare.org In addition, copies of these documents are available in the Admission and Emergency Room areas of OSF Hospitals and by mail when you call the telephone numbers provided below for assistance with the application process.

Application Process

Completed Applications need to be submitted with all requested documents to the appropriate address identified below. For more information, to obtain an Application and for assistance with the application process, please call the telephone numbers identified for your treating facility or visit a Financial Counselor in the Admitting area of the Hospital.

For OSF Illinois Hospitals

OSF Patient Accounts and Access Center (PAAC)
P.O. Box 1701
Peoria, IL 61656-1701

Please call (800) 421-5700 or
(309) 683-6750

For OSF Illinois Medical Group Offices

OSF Medical Group Offices—
Patient Accounts
P.O. Box 1806
Peoria, IL 61656-1806
Please call (800) 589-6070

For OSF Michigan Hospital and Medical Group Offices

OSF St. Francis Hospital & Medical Group
in Escanaba MI—
Patient Accounts
3401 Ludington Street
Escanaba, MI 49829-1377

Please call (906) 786-5707, Ext. 5550

Required Documents

- Fully completed and signed Application
- For Illinois Hospital Uninsured Discount Act Discount, proof of Illinois residency. If valid state-issued ID is unavailable, one of the following: recent residential utility bill; lease agreement; vehicle or voter registration card; Government-issued mail; letter from homeless shelter; or statement from family member.
- For Illinois Hospital Uninsured Discount Act Discount, one of the following proof of income documents: Recent tax return, unless it includes inaccurate information; W-2 or 1099; two most recent paystubs; written income verification from employer; or one other reasonable form of income verification acceptable to OSF.
- For all other Financial Assistance Programs except Presumptive Charity, each of the following documents: Federal Tax Return with all Schedules; W-2 and 1099 for the most recent filing period; plus proof of workers' compensation for lost wages, disability income, and child support received or paid.
- If Federal Tax Return is unavailable, includes inaccurate information, or family income has significantly changed, proof of all family income is required including two most recent paystubs or written income verification from all employers; benefit award letters; and proof of disability, rental, and workers' compensation income, strike benefits, alimony, child support received or paid, and public assistance. If self-employed two most recent paystubs, and if a business owner, copies of two most recent business checking account statements are also needed.