

## Financial Assistance Policy -Plain Language Summary

Sarah Bush Lincoln (SBL) offers several financial assistance programs to help uninsured and underinsured patients with bills for medically necessary services. We provide emergency medical care to everyone. We limit nonemergent medically necessary services to uninsured and underinsured individuals residing in the following nine counties: Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Jasper, Moultrie, and Shelby. All patients receiving medically necessary services may apply for financial assistance. Eligible patients will have their care partially or fully covered. Any balance in excess of the lowest calculated financial responsibility under our various programs will be covered. Eligible patients will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

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

1. **Family Income Test:** The financial obligation is calculated as 15% of the Family Income in excess of 130% of Federal Poverty Guidelines (FPG) for a period of four years. All charges in excess of this amount are covered as a charitable discount. All insurance benefits must be exhausted to qualify.
2. **Discount Test:** Family Income and Family Size are compared to FPG to determine financial responsibility under a sliding fee scale. Family Income below 130% of the FPG qualifies for a 100% charity discount. For each increment of income up to 400% of the FPG, the discount decreases by 10%. All insurance benefits must be exhausted to qualify.
3. **IL Uninsured Patient Discount/Adjusted to Cost Test:** This program is available only to uninsured Illinois residents. Proof of residency is required. Family Income less than 130% the FPG qualifies for a 100% charity discount. Family Income between 130% and 400% of the FPG qualifies for a discount equal to the Illinois Uninsured Discount Factor determined using the Medicare cost report.

**Presumptive Charity:** No Financial Assistance Application is required. A 100% charity discount is applied when there are no insurance benefits and the patient satisfies one of the established categories of presumptive financial need.

**How to obtain Application Form**-The SBL Financial Assistance Policy and the Application form may be obtained free of charge.

- ☑ They are available at the Hospital main registration desk or in the Patient Financial Services Office, and at the main registration desk of any Hospital-owned clinic.
- ☑ Call SBL Patient Financial Services at 800-381-0040 to have them mailed to you.
- ☑ Write to Sarah Bush Lincoln, P.O. Box 372, Mattoon, Illinois 61938 to have them mailed to you.
- ☑ Download them from the SBL website: [www.sarahbush.org](http://www.sarahbush.org)

**Application Process**-Mail completed Applications (with all documentation and information specified in the application instructions) to SBL Patient Financial Services, P.O. Box 372, Mattoon, Illinois 61938.

Patient Financial Services Representatives are available to assist in completion of the Application Monday through Friday, 8:30 a.m. to 4:30 p.m. at the Patient Financial Services Office in the main building of the Hospital or in the Patient Financial Services Office located in Prairie Pavilion 1, Suite 201. This Summary, the Financial Assistance Policy, and the Application form are available in Spanish at the locations listed above.