

## Summary of Financial Assistance Program (Plain Language Summary)

Deaconess Regional Health Care Services Illinois Inc. offers a financial assistance program to uninsured and underinsured patients. An uninsured patient is someone who does not have any health care coverage at all, whether through insurance or any government program, and who does not have any right to be reimbursed by anyone else for their health care expenses. An underinsured patient is someone who, after insurance has provided payment, the patient responsible amount exceeds the amount that patient can afford.

Uninsured patients, without any third-party liability coverage, automatically qualify for the standard uninsured discount. This discount is applied to total charges and reduces the amount owed.

Charges will not exceed amounts generally billed. If a patient receives financial assistance under the policy, they will not be billed more for emergency or other medically necessary care than the amount generally billed to insured patients.

If a patient is uninsured or underinsured, with a total qualified household income equal to or less than 350% of the federal poverty level and lacking assets to pay for the amount owed, the patient may qualify for our financial assistance program. Applicants with income meeting Medicaid eligibility requirements will be required to apply for state coverage. Our team will reach out to you to help you apply for Medicaid.

Patients may apply for financial assistance at any point in the scheduling or billing process by completing and submitting an application with proof of income and assets. Any financial assistance application whether completed in person or online, delivered, mailed or faxed will be forwarded to the Patient Financial Services team for evaluation and processing. If you think you may have catastrophic, exceptional or special medical circumstances, a financial counselor or Patient Financial Services representative can initiate an application for you. A free copy of the health system's financial assistance policy and the application forms are available on the Deaconess Health System website, and copies are available at the registration areas at the hospitals.

If you need any help in applying, please contact our financial counselors at:
Heartland – 844-652-0603
Crossroads – 844-652-0605
Red Bud – 844-652-0606
Union County – 844-652-0604

Our staff are available to answer questions and provide general information about the financial assistance program as well as help you obtain application forms.