



## **FINANCIAL ASSISTANCE POLICY - PLAIN LANGUAGE SUMMARY**

### **Financial Assistance Offered**

Iroquois Memorial Hospital and Resident Home (IMHRH) is committed to providing quality healthcare services to the region in a convenient, caring environment. As part of this mission, IMHRH offers financial assistance through its Financial Assistance Policy to patients unable to pay for emergency or medically necessary care.

Financial assistance is limited to medical care provided at IMHRH and by IMHRH medical personnel.

### **Eligibility Requirements and Assistance Offered**

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment, income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, and any special circumstances the patient would like to have considered.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.

Patients must fully comply with the application process, including submitting tax returns, pay stubs or other proof of income, as well as completing the application process for all available sources of assistance, including Medicaid or Medical Assistance.

### **How to Apply For Assistance**

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application.

IMHRH will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

### **Where to Obtain Copies**

IMHRH's Financial Assistance Policy and Application are available online at [www.imhrh.org](http://www.imhrh.org) for downloading and printing. Copies of the policy and application are provided free of charge and are available at admissions/patient registration areas, the Emergency Department and the Business office. Copies can also be obtained by calling the IMHRH Business Office at 1-815-432-7706.

### **Contact for Information and Assistance, including Language Assistance for Non-English Speakers**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from the IMHRH Business Office:

- In person, at 200 E. Fairman Avenue, Watseka, IL 60970
- By calling 1-815-432-7706
- Office hours are Monday-Friday, 7:00am-4:30pm, (excluding holidays)

### **No More Than Amount Generally Billed (AGB)**

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.