

Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.



HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer:

HSHS Good Shepherd Hospital: 217-774-3961

#5876-C (R 01/19)

2019 Financial Assistance Program



We are committed to providing medically necessary care by offering financial assistance for co-pays, deductibles, or medical services to individuals who qualify.

Financial assistance based on the ability to pay

At Hospital Sisters Health System (HSHS), our mission is caring for all people. High quality care is our commitment — regardless of ability to pay, race, color, creed, sex, national origin or ancestry.

Because our resources are limited, we must set guidelines. These guidelines help us to assist patients who are least able to pay. They do not prevent anyone from seeking medical treatment.

To qualify for assistance

- Complete an application form (we can help you complete the form if needed);
- Provide documentation of income;
- Provide a statement of assets (what you own);
- Provide evidence that you have explored all other means of assistance, including private insurance and public aid when appropriate.

These guidelines are effective February 2019, and are subject to change without notice.

For more information

To request the Financial Assistance Program guidelines and an application, write or call:

HSHS Good Shepherd Hospital/Patient Accounts
ATTN: Financial Assistance Program
200 South Cedar Street
Shelbyville, IL 62565
Local: 217/774-3961

To speak with a financial counselor in person, please visit HSHS Good Shepherd Hospital.

Program guidelines and the application are also available on HSHS Good Shepherd Hospital's website: www.hshsgoodshepherd.org.

Income Guidelines

February 2019 through January 2020

Based on gross family income shown below as a percentage of 2019 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2019	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$12,490	\$24,980	\$37,470	\$49,960	\$62,450	\$74,940
2	16,910	33,820	50,730	67,640	84,550	101,460
3	21,330	42,660	63,990	85,320	106,650	127,980
4	25,750	51,500	77,250	103,000	128,750	154,500
5	30,170	60,340	90,510	120,680	150,850	181,020
6	34,590	69,180	103,770	138,360	172,950	207,540
7	39,010	78,020	117,030	156,040	195,050	234,060
8	43,430	88,860	130,290	173,720	217,150	260,580
9	47,850	95,700	143,550	191,400	239,250	287,100
10	52,270	104,540	156,810	209,080	261,350	313,620
Applicable Discount		If income is less than 200%, patient receives 100% discount.	If income is between 200-300%, patient receives 80% discount.	If income is between 300-400%, patient receives 70% discount.	If income is between 400-500%, patient receives 60% discount.	If income is between 500-600%, patient receives 55% discount.

Your 12-month maximum out-of-pocket responsibility can be no more than 25% of your gross annual income, as verified by the Business Office. If you qualify for financial assistance, you will not be charged more for emergency or other medically necessary care than patients who are covered by Medicare or other insurance.