

## Our Mission

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

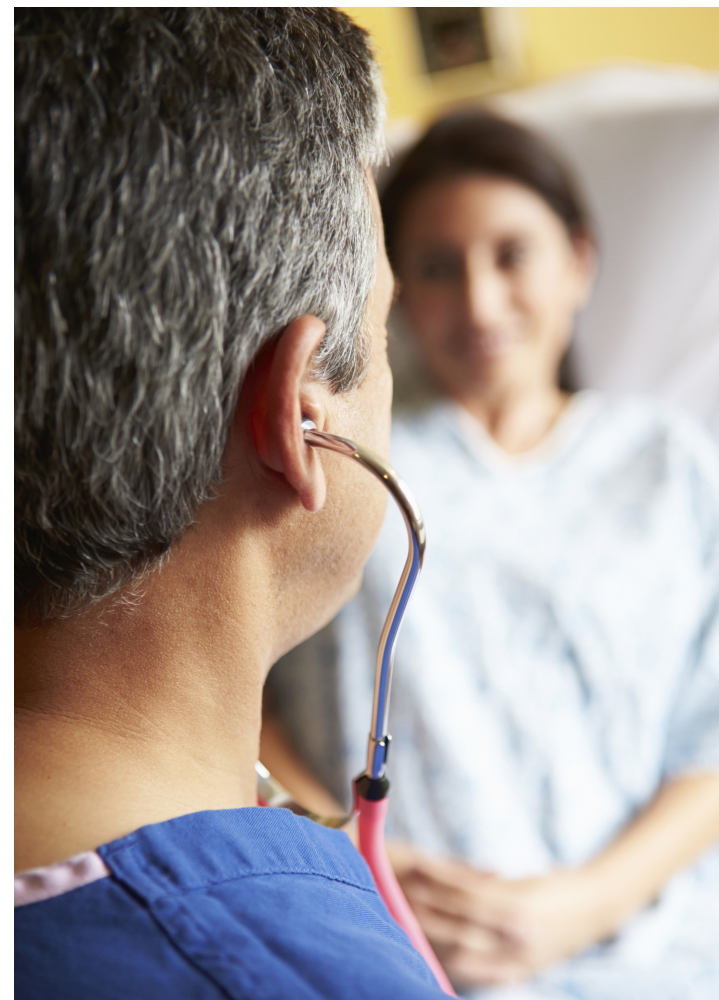


HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

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



## Financial Assistance Program

Assistance for persons unable to pay co-pays, deductibles, or for medical services  
Effective January 2018



## 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 and public aid when appropriate.

These guidelines are effective January 2018, 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](http://www.hshsgoodshepherd.org).

## Income Guidelines

January through December 2018

Based on gross family income shown below as a percentage of 2018 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2018	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$12,140	\$24,280	\$36,420	\$48,560	\$60,700	\$72,840
2	16,460	32,920	49,380	65,840	82,300	98,760
3	20,780	41,560	62,340	83,120	103,900	124,680
4	25,100	50,200	75,300	100,400	125,500	150,600
5	29,420	58,840	88,260	117,680	147,100	176,520
6	33,740	67,480	101,220	134,960	168,700	202,440
7	38,060	76,120	114,180	152,240	190,300	228,360
8	42,380	84,760	127,140	169,520	211,900	254,280
9	46,700	93,400	140,100	186,800	233,500	280,200
10	51,020	102,040	153,060	204,080	255,100	306,120

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.
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*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.*