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:

Patient Accounts
Local: 217/774-3961

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 2020, 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.

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Income Guidelines
February 2020 through January 2021
Based on gross family income shown below as a percentage of 2020 Federal Poverty guidelines.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Federal Poverty Level (FPL)</th>
<th>200% FPL</th>
<th>300% FPL</th>
<th>400% FPL</th>
<th>500% FPL</th>
<th>600% FPL</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
<td>$25,520</td>
<td>$38,280</td>
<td>$51,040</td>
<td>$63,800</td>
<td>$76,560</td>
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<tr>
<td>2</td>
<td>17,240</td>
<td>34,480</td>
<td>51,720</td>
<td>68,960</td>
<td>86,200</td>
<td>103,440</td>
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<tr>
<td>3</td>
<td>21,720</td>
<td>43,440</td>
<td>65,160</td>
<td>86,880</td>
<td>108,600</td>
<td>130,320</td>
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<tr>
<td>4</td>
<td>26,200</td>
<td>52,400</td>
<td>78,600</td>
<td>104,800</td>
<td>131,000</td>
<td>157,200</td>
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<tr>
<td>5</td>
<td>30,680</td>
<td>61,360</td>
<td>92,040</td>
<td>122,720</td>
<td>153,400</td>
<td>184,080</td>
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<tr>
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<td>35,160</td>
<td>70,320</td>
<td>105,480</td>
<td>140,640</td>
<td>175,800</td>
<td>210,960</td>
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<tr>
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<td>39,640</td>
<td>79,280</td>
<td>118,920</td>
<td>158,560</td>
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<td>237,840</td>
</tr>
<tr>
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<td>176,480</td>
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<tr>
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<td>145,800</td>
<td>194,400</td>
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<tr>
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<td>106,160</td>
<td>159,240</td>
<td>212,320</td>
<td>265,400</td>
<td>318,480</td>
</tr>
</tbody>
</table>

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.