

FINANCIAL ASSISTANCE PROGRAM

Please provide copies of the following items:

- W-2 withholding statements
- Most recent federal/state income tax forms
- Paycheck/Unemployment check stubs (past 3 months) or written statement of earnings from your employer (past 3 months).
- Forms approving or denying Unemployment, Workers Compensation or Assistance from the Department of Public Aid
- Statement of annual benefits from Social Security
- Checking/savings account statements (past 3 months)
- Other: letter explaining your situation

Your cooperation with Hospital Sisters Health System (HSHS) is extremely important in determining your eligibility for financial assistance. Failure to provide this information will be cause to deny financial assistance.

Please return completed application along with required documentation to the following address:

Patient Financial Services
Attention: Financial Assistance Program
P.O. Box 13427
Springfield, IL 62791

Telephone Toll Free: 1 (877) 636 - 2261
Email: ILSBO@hshs.org

HSHS St. Joseph's Hospital – Breese, IL
HSHS St. Mary's Hospital – Decatur, IL
HSHS St. Anthony's Hospital – Effingham, IL
HSHS St. Joseph's Hospital – Highland, IL
HSHS St. Francis' Hospital – Litchfield, IL
HSHS St. Elizabeth's Hospital – O'Fallon, IL
HSHS St. John's Hospital – Springfield, IL
HSHS Holy Family Hospital – Greenville, IL
HSHS Medical Group – IL