

Our Mission

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



2025 Financial Assistance Program



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 Financial Services
Toll Free: 833-464-1778
Email: hhscharityservice@ensemblehp.com

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);
- Prove that you have explored all other means of assistance, including private insurance and public aid when appropriate.

These guidelines are effective January 2025, and are subject to change without notice.

For more information

To request the financial assistance program guidelines and an application, write, call or email:

Patient Financial Services
Attention: Financial Assistance Program
P.O. Box 13427
Springfield, IL 62791
Toll Free: 833-464-1778
Email: hhscharityservice@ensemblehp.com

Program guidelines and the application are also available on your provider's website.

Income Guidelines February 2025 through January 2026

Based on gross family income shown below as a percentage of 2025 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2025	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$ 15,650	\$ 31,300	\$ 46,950	\$ 62,600	\$ 78,250	\$ 93,900
2	21,150	42,300	63,450	84,600	105,750	126,900
3	26,650	53,300	79,950	106,600	133,250	159,900
4	32,150	64,300	96,450	128,600	160,750	192,900
5	37,650	75,300	112,950	150,600	188,250	225,900
6	43,150	86,300	129,450	172,600	215,750	258,900
7	48,650	97,300	145,950	194,600	243,250	291,900
8	54,150	108,300	162,450	216,600	270,750	324,900

Add \$5,550 per person for families larger than 8 people.

Applicable Discount	If income is less than 200%, patient receives 100% discount.	If income is between 200-300%, patient receives 90% discount.	If income is between 300-400%, patient receives 80% 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.

ILLINOIS

HSHS St. John's Hospital

hshs.org/stjohns

HSHS St. Mary's Hospital

hshs.org/stmarysdecatur

HSHS St. Elizabeth's Hospital

hshs.org/stelizabeths

HSHS St. Anthony's Memorial Hospital

hshs.org/stanthony

HSHS St. Joseph's Hospital Highland

hshs.org/stjosephshighland

HSHS Holy Family Hospital

hshs.org/holyfamily

HSHS Good Shepherd Hospital

hshs.org/goodshepherd

HSHS St. Francis Hospital

hshs.org/stfrancis

HSHS St. Joseph's Hospital Breese

hshs.org/stjosephsbreese

Prairie Cardiovascular

prairieheart.org

HSHS Medical Group

hshsmedicalgroup.org

WISCONSIN

HSHS St. Vincent Hospital

hshs.org/StVincent

HSHS St. Mary's Hospital

hshs.org/StMarysGreenBay

HSHS St. Nicholas Hospital

hshs.org/StNicholas

HSHS St. Clare Memorial Hospital

hshs.org/stclare