

Our Mission

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



Hospital Sisters
HEALTH SYSTEM

HSBS 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.
Lláme al:

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

Patient Financial Services
Toll Free: 800-994-0368
Email: ILSBO@hshs.org

2023 Financial Assistance Program



Hospital Sisters
HEALTH SYSTEM



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 (HSBS), 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 2023, 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: 800-994-0368
 Email: ILSBO@hshs.org

To speak with a financial counselor in person, please visit any HSHS hospital location.

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

Income Guidelines February 2023 through January 2024

Based on gross family income shown below as a percentage of 2023 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2023	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$ 14,580	\$ 29,160	\$ 43,740	\$ 58,320	\$ 72,900	\$ 87,480
2	19,720	39,440	59,160	78,880	98,600	118,320
3	24,860	49,720	74,580	99,440	124,300	149,160
4	30,000	60,000	90,000	120,000	150,000	180,000
5	35,140	70,280	105,420	140,560	175,700	210,840
6	40,280	80,560	120,840	161,120	201,400	241,680
7	45,420	90,840	136,260	181,680	227,100	272,520
8	50,560	101,120	151,680	202,240	252,800	303,360

Add \$5,140 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.

HSHS St. Vincent Hospital
hshs.org/StVincent

HSHS St. Mary's Hospital
hshs.org/StMarysGreenBay

HSHS Sacred Heart Hospital
hshs.org/sacredheart

HSHS St. Nicholas Hospital
hshs.org/StNicholas

HSHS St. Joseph's Hospital
hshs.org/StJosephsChippewaFalls

HSHS St. Clare Memorial Hospital
hshs.org/stclare