

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.
Lláme al:

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

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

#5876-C (R 02/26)

2026 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 (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 2026, 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: hshscharityservice@ensemblehp.com

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

Income Guidelines

February 2026 through January 2027

Based on gross family income shown below as a percentage of 2026 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2026	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$ 15,960	\$ 31,920	\$ 47,880	\$ 63,840	\$ 79,800	\$ 95,760
2	21,640	43,280	64,920	86,560	108,200	129,840
3	27,320	54,640	81,960	109,280	136,600	163,920
4	33,000	66,000	99,000	132,000	165,000	198,000
5	38,680	77,360	116,040	154,720	193,400	232,080
6	44,360	88,720	133,080	177,440	221,800	266,160
7	50,040	100,080	150,120	200,160	250,200	300,240
8	55,720	111,440	167,160	222,880	278,600	334,320

Add \$5,680 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/stanthonys

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