

# **Katherine Bethea Shaw Hospital & Medical Group**

## **Financial Assistance Program**

It is the policy of Katherine Shaw Bethea Hospital & Medical Group (KSB) to provide financial assistance as a component of KSB Hospital's charitable mission to patients in our service area for medically necessary health care services to all patients of KSB and KSB-owned physician practices, without regard to the patient's financial ability to pay. Above all KSB Hospital's guiding philosophy is that the needs of the patient come first.

### **Financial Assistance Policy – Plain Language Summary**

The Plain Language Summary is being provided to you to help explain Katherine Shaw Bethea Hospital & Medical Group's (KSB) Financial Assistance Policy. It summarizes eligibility requirements for assistance and provides contact information so that you can obtain further information regarding the Policy or applying for financial assistance.

### **What is Financial Assistance?**

Financial assistance is discounted healthcare provided by KSB. Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with KSB procedures for obtaining assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.

### **Who is eligible?**

Qualification for Financial Assistance will be determined through an application process. FAP brochures and applications are available at all registration stations, Financial Advocate's office at 403 E. First, Dixon, IL or at the Patient Financial Services Department at 101 W 2<sup>nd</sup> St, Dixon, IL.

### **How do I know if I qualify for Financial Assistance?**

KSB will utilize the current Federal Income Poverty Guidelines (FPL) published by the U.S. Department of Health and Human Services. Patients whose family income does not exceed 300% of the Federal Poverty Guidelines may be eligible for Financial Assistance. The Federal Poverty Income Guidelines in effect at the time of application will be utilized to make a determination regarding qualification based on income.

**Financial Inability to Pay** - To determine if a patient is "financially unable to pay," KSB will utilize the current Federal Income Poverty in addition to other requested financial information (i.e. assets) to determine patient eligibility for Financial Assistance and their limited ability to pay. Patients whose income is less than 300% of FPL qualify for 100% financial assistance.

**Uninsured** – Uninsured patients may qualify for financial assistance under the Hospital Uninsured Patient Discount Act

- a. If family income is greater than 200% of FPL but less than 300% of FPL. The patient will qualify upon request for charitable discount based on 135% of the hospital's cost. This discount will only apply to hospital charges
- b. If patient is uninsured and approved for a discount, the maximum amount collected in a 12 month period is 25% of the family's annual gross income. A patient may be excluded from the 25% maximum limit benefit if substantial assets exist.

**Limitations on Charges** - An individual eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to individuals who have insurance covering such care.

### **How can I obtain more information?**

The Financial Assistance Policy & Application provides more detailed information regarding eligibility and the application process. The Financial Assistance Application is available in English. You can obtain a copy of the Financial Assistance Policy & Application by visiting our website: <https://www.ksbhospital.com/patients/patient-financial-services/>

Printed copies of the Financial Assistance Policy and Application may be obtained by:

- Contacting a Financial Advocate at 815-284-5714
- Requesting in person or by mail to KSB Financial Advocate Services located at 403 East First St Dixon, IL 61021
- Requesting by fax at 815-285-5688