



Katherine Shaw Bethea Hospital

Financial Assistance Policy - Plain Language Summary

KSB Hospital Financial Assistance Policy exists to provide eligible patients partially or fully discounted emergent or medically necessary care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services: Emergent and or Medically Necessary health care services provided by KSB Hospital, including inpatient acute, outpatient, inpatient behavioral, and clinic health care settings.

Eligible Patients: Patients receiving eligible services, who submit a Financial Assistance Application; including related and supporting documentation, and who are determined to be eligible for Financial Assistance by KSB Hospital leadership. Eligible patients do not have health insurance coverage, or do not otherwise qualify for any governmental or private program that provides health insurance coverage.

How to Apply: Financial Assistance Applications may be obtained as follows:

- Obtain an application at KSB Hospital Financial Counseling Office.
- Request to have an application mailed to you by calling: 815-284-5714.
- Request an application by mail at: KSB Hospital, 403 East First Street, Dixon, IL 61021; Attention: Financial Counseling.
- Download an application from the KSB Hospital website as follows: <https://www.ksbhospital.com/financial-services/financial-assistance/>.

Determination of Financial Assistance Eligibility: Generally, patients are eligible for financial assistance based on their income level. Patients with family income of 200% of the federal poverty level or less may be eligible for a discount of 100%. Patients with family income of up to 250% of the federal poverty level may be eligible for a discount of 60%. Eligible patients will not be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance coverage.