DEPARTMENTAL POLICIES AND PROCEDURES		Pages:	11
		Last Revised:	09/04/2025 10/15/2025 10/29/2025
Subject:	**Patient Financial Assistance Policy**		
Manual:	**Patient Financial Services**		

I. Policy:

The Hospital offers a financial assistance program for those patients who meet the eligibility tests described in this policy. The Hospital provides Charity Care and self-pay discounts adhering to the requirements of federal and state law. The intent of this Financial Assistance Policy (the "Policy") is to satisfy applicable federal and state laws and regulations; all provisions should be interpreted accordingly.

A significant objective of the Hospital is to provide care for patients in times of need. The Hospital provides Charity Care and a Discount Payment Program as a benefit to the communities we serve. To this end, the Hospital is committed to assisting eligible low-income and/or uninsured patients with appropriate Discount Payment and Charity Care Programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care. Accompanying this Policy are the following addenda, as referred to throughout this Policy:

- Plain Language Summary of Financial Assistance
- Notice to be included in all post-discharge billing statements
- Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance

II. Definitions:

"Amounts Generally Billed": The amounts generally billed ("AGB") for emergency or other medically necessary services to individuals eligible for the Discount Payment Program. The Hospital calculates the AGB for a patient using the prospective method as defined in the Treasury Regulations. Under the prospective method, AGB is calculated using the billing and coding process the Hospital would use if the individual were a Medicare fee-for-service beneficiary using the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services.

"Emergency and Medically Necessary": "Medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include any of the following:

i. Non-medical services such as social and vocational services.
ii. Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

"EMTALA": The Hospital complies with the requirement of the Emergency Medical Treatment and Active Labor Act (EMTALA), Section 1867 of the Social Security Act. There is nothing contained in this policy, which will preclude such compliance. This is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.

"Extraordinary Collection Action": An Extraordinary Collection Action means any collection action involving certain sales of debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the Hospital's Financial Assistance Policy, or any action requiring a legal or judicial process, including placing a lien, foreclosing on real property, attaching or seizing of bank accounts or other personal property, commencing a civil action against an individual, taking actions that cause an individual's arrest, taking actions that cause an individual to be subject to body attachment, and garnishing wages, in each case as further described in IRS Section 501(r)(6).

"Family": (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent(s), caretaker relative(s), and other children under 21 years of age of the parent(s) or caretaker relative(s).

"Plain Language Summary": The summary of the Financial Assistance Policy in the "Summary of Financial Assistance" addendum, intended to comply with IRS Section 501(r)(4).

III. Applicability of the Policy:

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially related entity working in the Hospital. This Policy applies only to charges for Hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an emergency, inpatient or outpatient basis. Physicians not covered by this Policy who provide services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policies to provide assistance. The Hospital is not responsible for the administration of any financial assistance program offered by the Hospital's non-employed medical staff physicians or such physicians' billing practices.

IV. Patient Responsibility

Financial assistance policies must balance a patient's need for financial assistance with the Hospital's broader fiscal stewardship. Financial assistance through Discount Payment and Charity Care Programs is not a substitute for personal responsibility. It is the patients' responsibility to participate in the financial assistance screening process; reasonably provide the Hospital with information or documentation permitted under law; apply for coverage under public programs within 30 days of the Hospital's request, if applicable; and, where applicable, contribute to the cost of their care based upon their ability to pay. Outside debt collection agencies and the Hospital's internal collection practices will reflect the mission and vision of the Hospital.

V. Procedure:

1. Eligibility for Financial Assistance

A. Charity Care

A patient qualifies for **Charity Care** if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid, as determined and documented by the Hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital; and (3) the patient's Family income does not exceed 350% of the Federal Poverty Level.

The patient balances for those patients who qualify for Charity Care shall be reduced to zero dollars ($0), with the remaining balance eliminated and classified as Charity Care.

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital, does not qualify for Charity Care but may qualify for the Discount Payment Program if certain conditions are met, as described in the "Discount Payment Program" section below.

B. Discount Payment Program

Self-Pay Patients

A self-pay patient qualifies for the **Discount Payment Program** if: (i) the patient's Family Income does not exceed 600% of the current Federal Poverty Level; (ii) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid; and (iii) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital.

Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance, as determined and documented by the Hospital, qualifies for the **Discount Payment Program** if: (i) the patient has a Family Income at or below 600% of the current Federal Poverty Level; and (ii) the patient has out-of-pocket medical expenses that exceed the lesser of: (a) ten percent (10%) of the patient's Family Income in the prior twelve (12) months (whether incurred or paid in or out of any hospital); or (b) the annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10% of the patient's current Family Income.

Patient Obligation

The patient balances for those patients who qualify for the **Discount Payment Program** will be reduced; any discount will be applied against the gross charges for hospital services provided. The payment obligation of a patient eligible for the **Discount Payment Program** will be determined on a case-by-case basis but will not exceed the greater of (a) the Amounts Generally Billed (AGB); and (b) the amount the Hospital would expect to receive for providing services from Medicare or Medicaid, whichever is greater (the "Discounted Payment Maximum"). An eligible patient with insurance will be obligated to pay an amount equal to the difference between what the Hospital receives from the insurance carrier and the Discounted Payment Maximum. If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

For a self-pay patient who is an Illinois resident and is found through the financial assistance application process to be eligible under the Illinois Hospital Uninsured Patient Discount Act, the patient's payment obligations to the Hospital in any 12-month period will not exceed 20% of the patient's Family Income.

The **Discount Payment Program** shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the patient shall negotiate the terms of an extended payment plan, taking into consideration the patient's Family Income and essential living expenses.

C. Hospital Presumptive Eligibility and Other Circumstances

The hospital will comply with all applicable federal and state requirements regarding presumptive eligibility. The Hospital's Presumptive Eligibility Policy will deem a patient presumptively eligible for hospital financial assistance if they demonstrate one or more of the presumptive eligibility criteria as required by law. The Hospital may use an outside agency or determination from the Director of the Hospital's Patient Financial Services (PFS) Department to extend Charity Care or the Discount Payment Program to patients under the circumstances listed below (presumptive eligibility). Presumptive eligibility does not convey an entitlement for future services. The Hospital also may not disclose presumptive eligibility determination and may not have access to the data utilized by an outside agency. The circumstances below are considered forms of Charity Care and may be documented as reflected in the transaction code used to adjudicate the patient's claim, including but not limited to transactions related to Charity Care, self-pay discounts, non-covered services and denials.

(i) The patient qualifies for limited benefits under the state's Medicaid program, *i.e.*, limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital. This includes non-covered services related to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients who only have pregnancy or emergency benefits but receive other care from the Hospital);
- Medicaid pending applications that are not subsequently approved, provided that the application indicates that the patient meets the criteria for Charity Care;
- Medicaid or other indigent care program denials;
- Charges related to days exceeding a length of stay limit; and
- Any other remaining liability for insurance payments.

(ii) The patient qualifies for a county-level medically indigent services program, but no payment is received by the Hospital.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Hospital's PFS Director has reason to believe that the patient would qualify for Charity Care or the Discount Payment Program, e.g., patient is deceased, bankrupt, incarcerated (and not reimbursed by a State Medicaid program), non-responsive, homeless, or unwilling to provide documentation.

(iv) A third-party collection agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that Charity Care or the Discount Payment Program be offered.

(v) Subsequent to collection efforts and payor negotiations, any unreimbursed charges from non-cosmetic services, including non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from restricted coverage, Medicaid-pending accounts, and payor denials, are considered a form of patient financial assistance at Saint Joseph Hospital. Charges related to these discounts written off during the fiscal year are reported as uncompensated care.

(vi) The patient is eligible for programs including, but not limited to:

- State-funded prescription programs;
- Women, Infants and Children programs (WIC);
- Supplemental Nutrition Assistance Programs (SNAP), i.e., food stamps;
- Subsidized school lunch programs;
- Other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- Low income/subsidized housing is provided as a valid address; and
- Historical significance of non-payment that establishes a justification of future non-payment and lack of ability to pay.

(vii) Other circumstances of Charity Care shall be documented in the patient's record indicated either by transaction type or in the patient's notes.

D. Determination of Income

For purposes of determining eligibility for the Charity Care and Discount Payment Programs, documentation of income of the patient's Family shall include any one of the following: copies of the two most recent pay stubs, a copy of the most recent tax return; a copy of the most recent W-2 form and 1099 forms, written income verification from an employer if paid in cash; or one other reasonable form of third-party income verification deemed acceptable to the Hospital. The financial assistance application requests patient information necessary for determining patient eligibility under this Policy, including patient or Family Income and patient's family size. The Hospital will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they choose. Qualification for financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion. Please see the "Charity Care Program" and "Financial Assistance Discount Payment Program" addenda for details on income used to determine patient Family Income.

E. Federal Poverty Levels

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's Family or household. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code and are available at https://aspe.hhs.gov/poverty-guidelines or per request from the Hospital's Patient Financial Services Department at 773-990-3289.

2. Application Process

Any patient who requests financial assistance or who is identified as eligible for financial assistance by the Hospital's screening process will be asked to complete a financial assistance application. The application includes the office address and phone number to call if the patient has any questions concerning the financial assistance program or application process. A patient is expected to submit the financial assistance application promptly following care, but no later than two hundred forty (240) days following the date of the first post-discharge statement.

To request a financial assistance application, please contact us:

773-990-3289
Saint Joseph Hospital
c/o Patient Financial Services-HBRC
3628 E. Imperial Hwy, Suite 104
Lynwood, CA 90262

3. Resolution of Disputes

Any disputes regarding a patient's eligibility for financial assistance shall be directed to and resolved by the Hospital's Chief Financial Officer.

4. Publication of Policy

In order to ensure that patients are aware of the existence of this Policy, the Hospital shall take the following measures:

- Notice of the availability of financial assistance shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; (4) other outpatient settings including observation units; and (5) prominently displayed on the Hospital's internet website, with a link to the Policy itself.

- Every patient who is seen at the Hospital, whether admitted or not, shall receive the notice in the "Plain Language Summary of Financial Assistance" addendum. The notice shall be provided at the time of service, discharge, or when the patient leaves the facility. The notice shall be provided in English and non-English languages spoken by a at least 5% of the patients served by the Hospital annually.

- Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include the "Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance" included in the addenda. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

5. Efforts to Obtain Information

The Hospital shall make all reasonable efforts to screen all patients, upon the patient's agreement, for Hospital financial assistance and public health insurance program eligibility at the earliest reasonable moment. The Hospital will review and assess the patient's potential eligibility for financial assistance offered by the Hospital, private health insurance, the federal health insurance marketplace, Medicare, Medicaid, and/or other government-funded programs, or other discounted care known to the Hospital. The screening will assess private or public health insurance that may fully or partially cover the charges for care rendered by the Hospital to the patient. The Hospital will inform the patient of the Hospital's assessment, will document in the patient's record the circumstances of the screening, and will assist with the application for financial assistance. Hospital shall offer to screen an insured patient for Hospital financial assistance under this Section if the patient requests financial assistance screening, if the Hospital is contacted in response to a bill, if the Hospital learns information that suggests an inability to pay, or if the hospital becomes aware of other circumstances that suggest the patient's inability to pay.

If a patient does not indicate that he/she has coverage by a third party payor or requests financial assistance, Hospital staff shall provide the patient with a notice that includes the following: (a) a request that the patient inform the Hospital if the patient has private or public health insurance coverage or other coverage, (b) a statement that, if the patient does not have health insurance coverage, the patient may be eligible for coverage under the state's Medicaid program or other governmental programs; (c) a statement indicating how the patient may obtain applications for the state's Medicaid program or other governmental programs (and, as appropriate, the Hospital will provide such applications to the patient); and (d) information regarding the Hospital's financial assistance program.

If a patient declines or fails to respond to the Hospital's screening or follow up regarding the application submission, the Hospital will document in the patient's record the patient's decision to decline or failure to respond.

6. Collection Activities

The Hospital may use the services of one or more external collection agencies for the collection of patient debt. Prior to engaging in collection activities, the hospital will provide uninsured patients with an accurate bill, the opportunity to apply for financial assistance under the hospital's financial assistance policy and the opportunity to apply for a reasonable payment plan. No debt shall be advanced for collection until the Hospital's Patient Financial Services Director, or his/her designee has reviewed the account and approved the advancement of the debt to collection. If a financial assistance application is received and is incomplete, the Hospital will provide written notice of the outstanding items and wait a reasonable period of time before initiating or resuming Extraordinary Collection Actions. No Extraordinary Collection Activity (ECA) will be commenced by the Hospital until after at least 90 days following the date of discharge, receipt of outpatient services, or initial bill (whichever comes latest)

Any collection agency utilized by the Hospital shall comply with any payment plan entered into between the Hospital and the patient. If a patient applies for financial assistance, any collections actions will be suspended pending the decision on the patient's financial assistance application. If, during collections, it is discovered the patient qualifies in whole, or in part, for Charity Care or a self-pay discount, collection efforts will cease, and the respective balance will be written off to Charity Care or as a self-pay discount. Neither the Hospital nor any collection agency utilized by the Hospital shall (i) use wage garnishments or liens on primary residences to collect unpaid medical bills or (ii) report adverse information to a consumer credit reporting agency or commence civil action against a patient for nonpayment at any time prior to 150 days after the initial billing. The Hospital will not pursue legal action for non-payment of a hospital bill against uninsured patients who have clearly demonstrated that they do not have sufficient income or assets to meet their financial obligations.

At least thirty (30) days before commencing any Extraordinary Collection Actions (ECA), the Hospital must send a notice to the patient which specifies the following: (i) collection activities the Hospital or contracted collection agency may take; (ii) the date after which such actions may be taken, (iii) that financial assistance is available for eligible patients; (iv) the dates of service of the bill that are being assigned to collections; (v) the name of the entity the bill is being assigned or sold to; (vi) information on how the patient can obtain an itemized bill from the Hospital; (vii) the name and plan type of the health coverage for the patient on record with the Hospital at the time of services, or a statement that the Hospital does not have that information; (viii) an application for the Hospital's Charity Care and other financial assistance programs; and (ix) the date the patient was originally sent a notice of financial assistance availability, the date or dates the patient was sent a financial assistance application, and, if applicable, the date a decision was made.

If a complete application is received within the two hundred forty (240) day application period, any Extraordinary Collection Actions will be suspended while a determination of eligibility is made.

Saint Joseph Hospital

77 N. Airlite Street, Elgin, IL 60123

Financial Assistance & Charity Care Program – Plain Language Summary

Saint Joseph Hospital is committed to caring for the entire community. To support individuals who may not have health insurance or the financial means to pay for medical care, we offer a comprehensive **Financial Assistance & Charity Care Program**. This program reflects our commitment to providing compassionate, high-quality healthcare to all who qualify.

Financial assistance documents, including the policy, this plain language summary and application, are available in multiple languages and can be found on our website at: https://saintjosephelgin.com/financial-assistance/.

Who Qualifies for Assistance?

- **Charity Care/Full Coverage (100% Discount):**
  Available to individuals or families with income at or below 350% of the Federal Poverty Level (FPL). Eligible patients may receive a 100% write-off of the portion of charges they are responsible for.
- **Financial Assistance/Partial Coverage (Discounted Rates):**
  May be available to those with income below 600% of the FPL. Eligible patients may receive discounted rates for emergency and medically necessary care.

How to Apply:

To be considered for financial assistance, patients must:

- Complete a Financial Assistance application and submit all required documentation as outlined on the form.
- Cooperate in good faith throughout the screening and application process, including responding promptly to any information requests from hospital staff.
- Provide all requested financial and supporting documentation within 30 days of the hospital's request.

Important Information:

- **Other Payment Sources**
  Before financial assistance can be considered, all other payment options must be used, including insurance, third-party payers, liability claims, workers' compensation, or other public programs.
- **Limited Provider Participation**
  Not all services or providers are covered under the hospital's Financial Assistance/Charity Care Program. Services provided by healthcare professionals who are out-of-network under your insurance plan, or providers who do not participate in the hospital's program, may not qualify.

Need Help or Have Questions?

Our patient representatives are available to assist with the application process and to answer any questions you may have, call **773-990-3289** or email **financialassistance@primehealthcare.com**.

Ready to Apply?

Mail the application and supporting documentation to:

Saint Joseph Hospital
c/o Patient Financial Services-HBRC
3628 E. Imperial Hwy, Suite 104
Lynwood, CA 90262

Saint Joseph Hospital

77 N. Airlite Street, Elgin, IL 60123

[Notice to be included in all post-discharge billing statements]

Charity Care & Discount Payment Program

Patients who lack insurance or who have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or Charity Care. Patients seeking discounted or free care must obtain and submit an application that will be reviewed by the Hospital. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, copies of documentation, or assistance with the application process, please contact the Hospital at 773-990-3289 or visit https://saintjosephelgin.com/financial-assistance/ to obtain further information. Free copies of financial assistance documentation may also be sent to you by mail and are available in non-English languages spoken by a substantial number of the patients served by the Hospital. The Emergency Department physicians and other physicians who are not employees of the Hospital may also provide Charity Care or Discount Payment Programs. Please contact 773-990-3289 for further information.

Saint Joseph Hospital

77 N. Airlite Street, Elgin, IL 60123

Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, state-funded health coverage programs, or other similar programs. If you do have such coverage, please contact our office at 773-990-3289 as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, coverage offered through the federal health insurance marketplace, state- or county-funded health coverage, or Saint Joseph Hospital Charity Care or Discount Payment Program. For more information about how to apply for these programs, please contact our office so we can answer your questions and provide you with applications for these programs.