

## **Alexian Brothers Health System, d/b/a Ascension Illinois affiliates**

Alexian Brothers Behavioral Health Hospital; Alexian Brothers Medical Center; Saint Joseph Hospital – Chicago; St. Alexius Medical Center; Employed physician practices.

### **Summary of Financial Assistance Policy**

Alexian Brothers Health System, d/b/a Ascension Illinois affiliates, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Alexian Brothers Health System, d/b/a Ascension Illinois affiliates has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Alexian Brothers Health System, d/b/a Ascension Illinois affiliates provides financial assistance for certain individuals who receive emergency or other medically necessary care from Alexian Brothers Health System, d/b/a Ascension Illinois affiliates. This summary provides a brief overview of Alexian Brothers Health System's, d/b/a Ascension Illinois affiliates Financial Assistance Policy.

### **Who Is Eligible?**

You may be able to get financial assistance if you are an Illinois resident. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level.

- If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible.
- If you are uninsured and your income is above 250% of the Federal Poverty Level but does not exceed 600% of the Federal Poverty Level, you may receive discounted rates on a sliding scale.
- If you have insurance and your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale.
- If you have medical debt for emergency and medically necessary care that exceeds 20% of your income, you may be eligible for a discount.

If you have assets exceeding 600% of the Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

### **What Services Are Covered?**

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

### **How Can I Apply?**

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact Alexian Brothers Health System, d/b/a Ascension Illinois affiliates by calling 833-272-7585, by email at [amitafinancialassistance@ascension.org](mailto:amitafinancialassistance@ascension.org), or in writing at:

Alexian Brothers Health System  
Attention: Financial Assistance Department  
PO box 74008855  
Chicago, IL 60674-8843

### **How Can I Get More Information?**

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance> and at the health ministries listed above. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by writing to the address shown above. Additional information about the Financial Assistance Policy also is available by email at [amitafinancialassistance@ascension.org](mailto:amitafinancialassistance@ascension.org), by telephone at 833-272-7585.

### **What If I Am Not Eligible?**

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Alexian Brothers Health System, d/b/a Ascension Illinois affiliates by telephone at 833-272-7585; or by email or in writing as described above.

**Translations of the Financial Assistance Policy, the Financial Assistance Policy application and instructions, and this plain language summary are available in the following languages on our website and upon request:**

English; Español (Spanish); Polski (Polish); Tagalog (Filipino); 简体中文 (Simplified Chinese); 漢語 (Traditional Chinese); 한국어 (Korean); Deutsch (German); اُردو (Urdu); ગુજરાતી (Gujarati); Русский (Russian); Italiano (Italian); हिंदी (Hindi); Français (French); Ελληνικά (Greek); Tiếng Việt (Vietnamese); 日本語 (Japanese); Srpski (Serbian); ภาษาไทย (Thai); Kreyòl (Haitian Creole); босански (Bosnian); ខ្មែរ (Khmer); Hrvatski (Croatian); فارسی (Farsi); العربية (Arabic)