

Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.



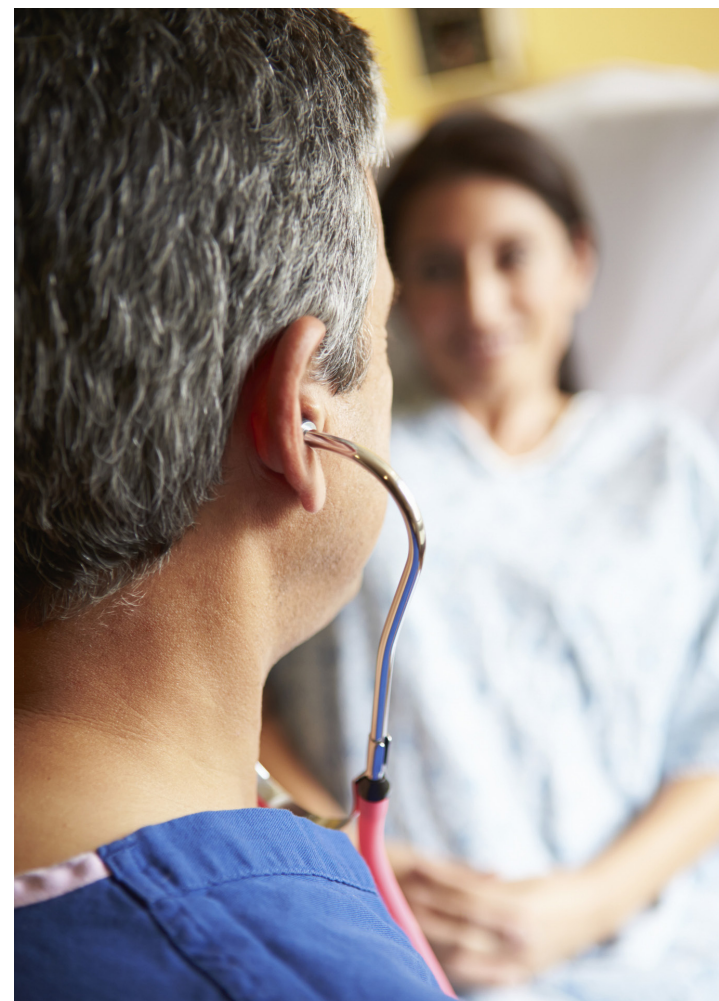
HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

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

St. Elizabeth's Hospital: 618-234-2120
St. Elizabeth's Hospital TTY: 618-641-5435
St. Anthony's Memorial Hospital: 217-347-1365
St. Joseph's Hospital Breese: 618-526-4511
Holy Family Hospital: 618-664-1230, ext. 8499
St. Joseph's Hospital Highland: 618-651-2600

#5876-SID (R 02/17)



Financial Assistance Program

Assistance for persons unable to pay co-pays or deductibles or for medical services
Effective January 2017



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);
- Provide evidence that you have explored all other means of assistance, including private and public aid when appropriate.

These guidelines are effective January 2017, and are subject to change without notice.

For more information

For more information, Financial Assistance Program guidelines or an application, please

Write to Your Hospital's Business Office:

Patient Accounts Department
ATTN: Financial Assistance Program
211 South Third Street
Belleville, IL 62220

OR Contact a Representative:

Local: 618/234-8600
Toll Free: 888/317-1202

OR Visit Your Hospital's Website:

Income Guidelines

January through December 2017

Based on gross family income shown below as a percentage of 2017 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2017	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$12,060	\$24,120	\$36,180	\$48,240	\$60,300	\$72,360
2	16,240	32,480	48,720	64,960	81,200	97,440
3	20,420	40,840	61,260	81,680	102,100	122,520
4	24,600	49,200	73,800	98,400	123,000	147,600
5	28,780	57,560	86,340	115,120	143,900	172,680
6	32,960	65,920	98,880	131,840	164,800	197,760
7	37,140	74,280	111,420	148,560	185,700	222,840
8	41,320	82,640	123,960	165,280	206,600	247,920
9	45,500	91,000	136,500	182,000	227,500	273,000
10	49,680	99,360	149,040	198,720	248,400	298,080

Applicable Discount

If income is less than 200%, patient receives 100% discount.	If income is between 200-300%, patient receives 85% discount.	If income is between 300-400%, patient receives 75% discount.	If income is between 400-500%, patient receives 65% discount.	If income is between 500-600%, patient receives 55% discount.
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Your annual (12-month period) maximum out-of-pocket responsibility can be no more than 25% of your gross annual income, as verified by the Business Office.

HSHS St. Elizabeth's Hospital
www.steliz.org

211 South 3rd Street
Belleville, IL 62220

HSHS St. Anthony's Memorial Hospital
www.stanthonyshospital.org

503 North Maple Street
Effingham, IL 62401

HSHS St. Joseph's Hospital
www.stjoebreese.com

9515 Holy Cross Lane
Breese, IL 62230

HSHS St. Joseph's Hospital
www.stjosephshighland.org

12866 Troxler Avenue
Highland, IL 62249

HSHS Holy Family Hospital
www.hshsholyfamily.org

200 Health Care Drive
Greenville, IL 62246