AMITA HEALTH

Adventist Bolingbrook Hospital; Adventist GlenOaks Hospital; Adventist Hinsdale Hospital; Adventist LaGrange Hospital; Alexian Brothers Behavioral Health Hospital; Alexian Brothers Medical Center; Holy Family Medical Center; Mercy Medical Center; Resurrection Medical Center; Saint Francis Hospital; Saint Joseph Hospital – Chicago; Saint Joseph Hospital-Elgin; Saint Joseph Medical Center; Saints Mary and Elizabeth Medical Center; St. Alexius Medical Center; St. Mary's Hospital; Employed physician practices

Summary of Financial Assistance Policy

AMITA Health, 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. AMITA Health has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, AMITA Health provides financial assistance for certain individuals who receive emergency or other medically necessary care from AMITA Health. This summary provides a brief overview of AMITA Health’s 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 your income, you may be eligible for a discount.

If you have assets in excess of 250% of your 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 AMITA Health by calling 888-693-2252, by email at amitafinancialassistance@amitahealth.org, or in writing at:

AMITA Health PFS
Attention: Financial Assistance Department
1000 Remington Blvd., Suite 110
Bolingbrook, IL 60440

**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](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@amitahealth.org or by telephone at 888-693-2252.

**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 AMITA Health by telephone at 888-693-2252; 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)
- اردو (Urdu)
- ગુજરાતી (Gujarati)
- Русский (Russian)
- Italiano (Italian)
- हिंदी (Hindi)
- Français (French)
- Ελληνικά (Greek)
- Tiếng Việt (Vietnamese)
- 日本語 (Japanese)
- Srpski (Serbian)
- తెలుగు (Telugu)
-酈 관 (Thai)
- Kreyòl (Haitian Creole)
- босански (Bosnian)
- ភាសាខ្មែរ (Khmer)
- Hrvatski (Croatian)
- فارسی (Farsi)
- العربية (Arabic)