



Plain Language Summary of Financial Assistance Programs for Ferrell Hospital Community Foundation

Ferrell Hospital is committed to providing healthcare services to people in the communities it serves consistent with its Mission and Values. It is our mission to strive to ensure the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Ferrell Hospital provides emergency and other medically necessary care to patients without discrimination and regardless of their ability to pay for such services.

The Financial Assistance Program provides assistance to patients who are uninsured or under-insured by providing free or discounted care. Patients who qualify for financial assistance will not be expected to pay more for emergency or other medically necessary care than the amounts generally billed to those individuals who have health insurance coverage. In addition, we offer extended payment terms to eligible patients.

Financial Assistance Programs:

Financial Assistance Charity Program: With this program your family income and family size are compared to the federal poverty guidelines. Gross charges are then discounted by the applicable percentage. The financial assistance program begins with a 100% discount for family incomes not exceeding 200% of the Federal Poverty Guidelines. *Please note: All insurance benefits must be exhausted to qualify for this assistance.*

Illinois Hospital Uninsured Patient Discount Act: Under the guidelines of the Illinois Hospital Uninsured Patient Discount Act Uninsured patients with incomes below 125% of the Federal Poverty Guideline qualify for free care. Uninsured patients with incomes between 125% and 300% of the Federal Poverty Guideline may only be billed up to 20% of their gross annual income in a 12-month period.”

Presumptive Charity: The Presumptive Charity program allows the hospital to reduce hospital bills by 100% without further scrutiny when there are no insurance benefits and the patient satisfies one or more of the categories listed in our Financial Assistance Policy.

How can you obtain an application?

You may obtain a copy of the FHCF Financial Assistance policy, Plain Language Summary, and an application by:

- Visiting our website at www.ferrellhosp.org
- Phoning our Financial Counselors at (618)-273-3361 ext 1663
- Visiting our Financial Counselors at our hospital at the following address:

*Ferrell Hospital Community Foundation
1201 Pine Street
Eldorado, IL 62930*

[FINANCIAL COUNSELORS ARE AVAILABLE MONDAY THRU FRIDAY FROM 8:00AM TO 5:30PM EXCLUDING HOLIDAYS](#)

This summary and copies of the application are also made available for patients at all registration points within the hospital facility.

Required Documents:

___ Application- Fully completed and signed

___ Illinois Hospital Uninsured Discount Act requires one of the following for proof of income: Most recent tax return; W-2 or 1099; two of the most recent paystubs; written income verification from employer; or one other form of income verification acceptable as determined most appropriate for the case.

___ Financial Assistance Program (except Presumptive Eligibility) requires each of the following documents: Most recent tax return with all schedules and W-2 and 1099 for the most recent filing period. If applicable, the following are also required: proof of workers compensation for lost wages; disability income; child support received. If a federal tax return is unavailable, includes inaccurate information, or the family income has significantly changed, proof of all family income is required including two most recent pay stubs or a verification letter from all employers; proof of disability; rental income; worker’s compensation income; strike benefits, alimony; child support received or paid; and public assistance. If an individual is self employed, two most recent paystubs, and if a business owner, copies of two most recent business checking account statements are needed.