

PRESUMPTIVE ELIGIBILITY: A patient may appear eligible for charity care discounts, but there is no financial assistance form or due to the lack of supporting documentation. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Memorial Hospital could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstance. In these situations, a patient is deemed to be eligible for 100% write off. A patient in this situation is presumed to be eligible and therefore does not need to complete a financial assistance application if they meet one of the following criteria:

- Patient is deceased with no known estate.
- Patient states that he/she is homeless. The due diligence efforts must be documented.
- Patient is mentally incapacitated with no one to act on their behalf.
- Patient is currently eligible for Medicaid, but was not eligible on a prior date of service or for non-covered services. Instead of making the patient duplicate the required paperwork Memorial Hospital will rely on the financial assistance determination process from Medicaid.
- Patient is eligible for energy assistance and food stamps.
- Accounts deemed uncollectible by a contracted collection agency.
- In the event of "special" circumstances where the income exceeds the poverty guidelines but medical bills are high, the Executive Director of Revenue Cycle and/or Chief Financial Officer may determine partial or full eligibility provided proper documentation is available.

All applicable uninsured discounts will be applied ascending to the uninsured patient and Prompt Pay Discount Policy.

Applicants approved for reduced charges must pay their portion within the guidelines of the Financial and Collection Policy. Other collection efforts may be pursued if balance is not paid within the guidelines established in the Financial and Collection Policy. This Policy is available upon request from Patient Accounts.

In implementing this policy, Memorial Hospital's management shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Covered Providers include: Memorial Hospital, Memorial Medical Clinics, and Concord Medical Group.

Non-Covered Providers include: Blessing Physician Services, Quincy Medical Group, Illinois Bariatric Center, Illinois Cancer Care, Carle Health-Methodist Hospital, Springfield Clinic, Integrated Telehealth Partners, OSF Pediatric Cardiology, Path AI Diagnostics, Peoria Tazewell Pathology, Prometheus Laboratories, and St. Louis University Dermatology.

Credit balances will be reviewed and reconciled according to the Financial and Collection Policy. All patients are billed according to Average Generally Billed for emergent or medically necessary care using the Look Back Method.

Financial Assistance

For additional information:
Customers needing additional information about our financial assistance should contact **Memorial Hospital Patient Accounts (217) 357-6591**

Applications for assistance can be picked up at all hospital and clinic locations. Applications are also available on Memorial Hospital's web site at www.mhtlc.org. (Translation services are available upon request.) Applications should be returned to Memorial Hospital Patient Accounts, P.O. Box 160, Carthage, IL 62321.



When you need a helping hand.

Please mail all applications to:

Memorial Hospital Patient Accounts
P.O. Box 160
Carthage, IL 62321

Non-Discrimination Policy: Memorial Hospital and Memorial Medical Clinics do not discriminate on the basis of race, color, religion, national origin, sex (including gender identity), sexual orientation, age, or disability. No one will be denied access to services due to inability to pay.

Form #6099 Rev. 9/21; 3/22; 4/23; 1/24; 7/24; 2/25, 1/26



1454 N. Co. Rd. 2050 • P.O. Box 160
Carthage, IL. 62321
217.357.8500 • MHTLC.org

Memorial Hospital Financial Assistance

What is Memorial Hospital Financial Assistance?

Memorial Hospital and Memorial Medical Clinics want to ensure all persons access to medically necessary services. Memorial Hospital Financial Assistance allows approved persons medically necessary services if they are eligible at Memorial Hospital facilities at reduced or no charge. It is not an insurance program and does not replace benefits and payments that are, or could be received from government programs that pay for care. These programs included Medicare or Medicaid. Memorial Hospital is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, ineligible for a government program or otherwise unable to pay for medically necessary care based on their individual financial situation.

Who is eligible? Participants must meet the program's income requirements or presumptive eligibility. These requirements are based on federal poverty guidelines. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, creed, national origin, color, disability, social or immigrant status, sexual orientation or religious affiliation.

Application Requirements: Application may be made prior to services rendered or after services have been rendered. Approval will be given only on balances without any outstanding third party payments.

Applications for assistance can be picked up at all hospital and clinic locations. Applications are also available on Memorial Hospital's web site at www.mhtlc.org. (Translation services are available upon request.) Applications should be returned to Memorial Hospital Patient Accounts, P.O. Box 160, Carthage, IL 62321 All inquiries about this policy should be referred to Memorial Hospital Patient Accounts (217)357-6591.

Income verification is required for processing of the application. Presumptive eligibility documents or proof of income documents must be received within 30 days of request for application to be processed.

Applications for financial assistance will be available on accounts for 240 days from first bill past discharge. Once an application is received or presumptive eligibility has been determined, extraordinary collection actions will be suspended until determination of eligibility is finalized and the patient has been sent a 30 day notice of determination and a financial assistance brochure.

The balance the patient owes after financial assistance is applied must be no more than 50% of the original total charges. Therefore, any balance after financial assistance is applied that is over 50% of the original total charges will have an additional discount applied to bring the patient portion to no more than 50% of the original total charges.

Eligibility Determination Guidelines: Determination of eligibility will remain valid for six (6) months from the date of approval for all services without outstanding third party payments as long as allocated funds are available. If there is a change in financial circumstances, an updated or new application must be completed.

Determination of eligibility will be made within thirty (30) days of receipt of all requested information.

Reasons patients could be denied financial assistance:

- Your income exceeds the income and other guidelines.
- Health insurance pending on the claim.
- You are eligible for Medicaid

Services that will not be covered:

- Elective fertility and/or infertility services.
- Cosmetic surgery.
- Mole or Wart removal unless medically necessary.
- Joint Replacement.
- Elective procedures not considered medically necessary.
- This is not an all-inclusive list and is subject to additions/deletions.

Notice of Availability of Financial Assistance

Memorial Hospital / Memorial Medical Clinics, non-profit organizations, will give a reasonable amount of its services without charge or at reduced charges to eligible persons who cannot afford to pay for their care, excluding the following services: elective fertility and/or infertility services, cosmetic services, screening and/or wellness services except screening and/or wellness services that fall within the recommendations of the American Cancer Society Guidelines.

Eligibility for determination is based on the criteria provided below.

INCOME GUIDELINES

Size of Family	Federal Poverty Guidelines	*No Patient Share	Tier One		Tier Two	
			*Patient Share is 25%		*Patient Share is 50%	
1	\$15,960	\$23,940	\$23,941	\$31,920	\$31,921	\$47,880
2	\$21,640	\$32,460	\$32,461	\$43,280	\$43,281	\$64,920
3	\$27,320	\$40,980	\$40,981	\$54,640	\$54,641	\$81,960
4	\$33,000	\$49,500	\$49,501	\$66,000	\$66,001	\$99,000
5	\$38,680	\$58,020	\$58,021	\$77,360	\$77,361	\$116,040
6	\$44,360	\$66,540	\$66,541	\$88,720	\$88,721	\$133,080
7	\$50,040	\$75,060	\$75,061	\$100,080	\$100,081	\$150,120
8	\$55,720	\$83,580	\$83,581	\$111,440	\$111,441	\$167,160

For family units with more than 8 members, add \$5,680 for each additional member.

* Percentages are calculated on balances after all possible payers have remitted.

If you feel you might be eligible for Memorial Hospital Financial Assistance and would like to apply, please provide the following:

Income Verification

Applicant is responsible for providing income verification for last 12 months or for the current three (3) months prior to application to be annualized, as well as last year's filed tax return, in order to determine eligibility – Three (3) months of income will be multiplied by four (4) to annualize the twelve (12) months of income.

Income verification may include, but is not limited to, income taxes, paycheck stubs, or notes from employers for gross taxable wages and salaries, gross income less employment expenses (excluding depreciation) and any loss carried forward for self employed; or any other form of taxable income. Consideration of applications will not take place until all needed income verification is received. The size of the family unit will be those persons that are related that live in the same dwelling or if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance. Additionally, income from anyone that is financially responsible for the applicant should be included on the application.