



FHN Discounts and Financial Assistance Programs *Plain Language Summary*



Financial Assistance programs and Eligibility Requirements:

The following Financial Assistance *does not* require a completed FHN Financial Assistance Application

1. FHN Prompt Pay Discount:

FHN applies a courtesy Prompt Pay discount for most Hospital and Physician services when the Patient pays the balance in full within thirty days of the first statement date. Certain services are excluded.

2. FHN Uninsured Discount:

FHN applies a courtesy discount to Uninsured Patients for most Hospital and Physician services. Certain services are excluded and the applicable discount is automatically applied to the Patient's billing statement. This discount is removed if insurance coverage is subsequently identified.

3. Presumptive Eligibility:

Uninsured Hospital patients who have demonstrated homelessness; mental incapacitation with no one to act on their behalf; Medicaid eligibility but did not have Medicaid on the date of service (or the service was not covered by Medicaid) or are deceased with no estate, will be presumed eligible for financial assistance without further scrutiny by the Hospital.

4. FHN Payment Plans

If unable to make payment in full, monthly payment arrangements will be allowed in accordance with FHN's monthly payment schedule.

The following Financial Assistance Programs *do* require a completed FHN Financial Assistance Application. All patients generally have 240 days from the date of the first bill to apply for financial assistance.

5. Illinois Hospital Uninsured Patient Discounts

An Uninsured Illinois Resident may be eligible for financial assistance. The financial discount does not apply to physician and non-hospital services. FHN may make the discount contingent upon the patient first applying for insurance under public programs, if there is a reasonable basis to believe the patient may be eligible.

- Eligible Patients with Family Income for Family size not more than 125% of the Federal Poverty Income Guidelines are provided a discount of 100% of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services exceeding \$300 per inpatient admission or outpatient encounter.
- Eligible Patients with Family Income for Family size more than 125% but not more than 300% of the Federal Poverty Income Guidelines are provided a discount of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services exceeding \$300 per inpatient admission or outpatient encounter equal to the Illinois Uninsured Discount Factor.

6. FHN Assisted Care Discounts

FHN may provide financial assistance to Uninsured or Underinsured Patients who are FHN Service Area Residents for Medically Necessary services performed by FHN providers. This program is for those individuals who are not otherwise eligible to apply for insurance as another source of payment and compares Family Income to Federal Poverty Income Guidelines.

7. Medically Indigent Discounts

FHN may offer additional discounts for Uninsured and Underinsured Patients whose out-of-pocket expenses for Medically Necessary Services provided by FHN, exceed the Patient's ability to pay. Decisions will be made on a case-by-case basis.

8. AGB Percentage

- Patients found eligible under FHN's Financial Assistance Policy shall not be billed more than the AGB percentage of Gross Charges the Hospital uses under Section 501(r) of the Internal Revenue Service Tax Code.
- FHN uses the look-back method when calculating the annual AGB Percentage, which divides the sum of certain claims paid to the hospital by the sum of the associated gross charges for those claims



FHN provides both uninsured and underinsured patients a wide range of financial assistance options for medically necessary health care provided by FHN employed providers. Eligibility for assistance may vary depending on residency, income, family size, and eligibility for insurance coverage. Patients must exhaust all other reasonable sources of payment including eligibility for other insurance. You may not decline other insurance as a source of payment, if available, in favor of utilizing FHN's Financial Assistance Programs.



- **Medically Necessary Services:** Any Hospital inpatient or outpatient service, including medications or supplies provided by the Hospital, normally covered for Medicare beneficiaries.
- **Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payment for child support.
- **Family Size:** The number of personal exemptions allowed under federal tax law on the most recently filed federal income tax return on which the Patient or Guarantor is one of the persons a personal exemption is allowed. Additionally a Partner, is also included. A Partner is a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act or similar state law.
- **Uninsured Patient:** A patient who is not covered under a health insurance policy and is not a beneficiary under a public or private health insurance plan, workers' compensation, accident liability insurance, or other third party liability insurance.
- **Underinsured Patient:** A patient who is covered under a health insurance policy or is a beneficiary under a health insurance plan, accident liability insurance or other third party liability insurance with coverage limits, co-payments and/or coinsurance requirements that may result in out of pocket expenses that exceed the Patient's ability to pay, as determined by FHN.

How can you apply?

The FHN Financial Assistance Policy, Plain Language Summary, and Applications are available in both English and Spanish translations and can be accessed:

- Online at www.fhn.org
- FHN Central Business Office, 421 W Exchange St, 3rd floor, Freeport, IL
- Any FHN location including FHN Hospital Emergency and Admission areas
- Contacting a Patient Account Representative at 1-877-720-1555 or 1-815-599-7950
- Written requests for applications may be mailed to:
FHN Central Business Office
P.O. Box 268, Freeport, IL 61032

Need Assistance Applying?

For more information and help with the application process please:

- Contact a Patient Account Representative at 1-877-720-1555 or 1-815-599-7950 or
- Visit the FHN Memorial Hospital Cashier's Office



www.fhn.org