Financial Assistance and Charity Care Policy

In the spirit of our mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Loyola Medicine is committed to providing healthcare services to all patients based on medical necessity.

For patients who require financial assistance or who are experiencing temporary financial hardship, Loyola offers several assistance and payment options, including charity and discounted care, short-term and long-term payment plans and online patient portal payment capabilities.

UNINSURED PATIENTS
Loyola Medicine extends discounts to all uninsured patients who receive medically necessary services. Uninsured discount amounts are based on Federal Poverty Level (FPL) guidelines. Patient statements will show the discount amount and the adjusted balance owed.

The Illinois Uninsured Patient Discount Act states that the maximum collectible amount in a 12-month period from a patient who qualifies for financial assistance is 25 percent of the patient’s family income subject to the patient’s continued eligibility. Additionally, per the Act, uninsured patients who apply for financial assistance and have an annual family income of less than 600 percent of the Federal Poverty Level (FPL) are to receive a discount from charges.

Services such as cosmetic procedures, hearing aids and eye care that normally are not covered by insurance are priced at package rates with no additional discount. All payments are expected at the time of service.

SHORT-TERM AND LONG-TERM PAYMENT PLANS
Patients who cannot pay some or all of their financial responsibility may qualify for short-term or long-term payment plans. Loyola Medicine’s short-term payment plan is interest free and patient balances must be paid within one year. Longer-term interest-bearing payment plans are available for those patients who cannot pay their balances within one year.

FINANCIAL ASSISTANCE/CHARITY CARE POLICY
A 100 percent discount for medically necessary services is available to patients who earn 200 percent or less of the Federal Poverty Level guidelines. Elective services such as cosmetic surgery are not included in our charity program. Uninsured patients who earn between 200 and 400 percent of the Federal Poverty Level guidelines may be eligible for a partial discount equal to the Medicare discount rate. Patients who qualify for financial assistance will not be charged more than the Medicare discount rate or the amount generally billed (AGB) by the hospital.

Patient copays and deductibles may be eligible for discounted rates if a patient qualifies for financial assistance and earns less than 200 percent of the Federal Poverty Level Guidelines.

Discounts are also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient’s medical expenses for an episode of care exceed 20 percent of their income. In these cases, patient copays and deductibles may also be included in the discount.

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Charity care discounts may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan or Medicaid eligibility and refuse or are unwilling to apply.

To apply for financial assistance, please complete and submit the application found on this webpage: [loyolamedicine.org/patient-information/financial-charity-policy](http://loyolamedicine.org/patient-information/financial-charity-policy). A complete version of the Loyola Medicine Financial Assistance Policy is also available on this webpage. Copies of the application can also be obtained by writing to the ministry’s address: Stritch School of Medicine, Ministry Office, Room 270, 2160 S. First Ave., Maywood, IL 60153.

Please note that patients may receive bills for services from physicians and other providers who assisted in their care at the hospital, however those services are not covered by the hospital’s financial assistance policy.

**PATIENT FINANCIAL SERVICES**

Financial counselors are available to work with patients in completing financial assistance applications in order to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans.

Patients may contact a financial counselor at the hospital where they have care who can assist in determining qualifications for financial assistance. Financial counselors can also provide free copies of the Financial Assistance Policy, Application and Plain Language Summary.

Financial Counselors are available at MacNeal Hospital (Financial Assistance Department). Financial Counselors may be reached at: 708-783-3609.

The Financial Assistance Policy, Application and Plain Language Summary is translated into the following languages: English, Spanish and Polish.

**THE HEALTH INSURANCE MARKETPLACE**

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance, access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income. Beginning October 1, 2013, you are able to shop at a new online Health Insurance Marketplace, also known as a health insurance exchange, where you can one-stop-shop for a plan that fits your budget and coverage needs. The next open enrollment for the health insurance exchange marketplace is in November 2019.