



We're Here to Help

Provena Health ministries have a long tradition of serving the poor, the needy, and all who need healthcare services. While the ministries alone cannot meet every community need, we are committed to helping those who need and qualify for financial assistance. This brochure explains our Financial Assistance policy, how to qualify, and how to apply.

OUR FINANCIAL ASSISTANCE POLICY

- Provena Health ministries are charitable organizations dedicated to providing care, regardless of ability to pay.
- Your financial circumstances will not affect the care you receive. All patients will be treated with respect and fairness, regardless of their ability to pay.
- If you have no health insurance coverage and have limited financial resources, you may be eligible for free or discounted services.
- The amount of financial assistance you receive is determined by the Provena Health financial assistance guidelines.
- Depending on the amount of your bill and your financial circumstances, minimum monthly payments will be accepted, with no interest charged.

- If you do not qualify for financial assistance, but believe you have special circumstances, you can request that your case be reviewed by our Financial Assistance Committee.
- If you apply for financial assistance, you must provide us with the information necessary to apply for other financial resources that may be available to you, such as Medicaid or Medicare.
- You have the responsibility for applying for financial assistance. However, Provena Health hospitals will make application materials easily available.

To receive an application, contact our Patient Access and/or Patient Financial Services representatives, or visit our website at www.provena.org.

The Provena Health Financial Assistance policy complies with the IL Hospital Uninsured Patient Discount Act.

Powerful healing.

Financial Assistance Available

Provena Health ministries are charitable organizations dedicated to providing care regardless of ability to pay.



We're Committed to Care for ALL

Nota: Este folleto y un copia de nuestro Reglamento para Asistencia Financiera están disponibles en Español. Favor de preguntar.

To receive an application, please visit our website at www.provena.org or contact our Patient Access and/or Patient Financial Services representatives at:

- Provena Covenant Medical Center: (217) 337-2257
- Provena Mercy Medical Center: (630) 801-2558
- Provena Saint Joseph Hospital: (847) 931-5562
- Provena Saint Joseph Medical Center: (815) 741-7581
- Provena St. Mary's Hospital: (815) 937-2028
- Provena United Samaritans Medical Center: (217) 443-5252

OUR MISSION

Provena Health, a Catholic health system, builds communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ.



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(4/09)



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DO YOU QUALIFY FOR FINANCIAL ASSISTANCE?

Eligibility for financial assistance is reviewed according to the U.S. government's Federal Poverty Guidelines. These guidelines are updated each year.

- To qualify for FREE services (100% financial assistance) your household income must be at or below 200% of the current Federal Poverty Guidelines. See chart below.
- To qualify for partial financial assistance, your Household income must be between 200% to 600% of the Federal Poverty Guidelines. See chart below.

YOUR FAMILY SIZE IS:	TO QUALIFY FOR 100% FINANCIAL ASSISTANCE YOU MUST EARN THIS AMOUNT OR LESS ANNUALLY:	TO QUALIFY FOR PARTIAL FINANCIAL ASSISTANCE YOU MUST EARN THIS AMOUNT OR LESS ANNUALLY:
1	\$21,660	\$64,980
2	\$29,140	\$87,420
3	\$36,620	\$109,860
4	\$44,100	\$132,300
5	\$51,580	\$154,740
6	\$59,060	\$177,180
7	\$66,540	\$199,620
8	\$74,020	\$222,060
9	\$81,500	\$244,500
10	\$88,980	\$266,940

Chart based upon Federal Poverty Guidelines. Gross income levels, 2009.

EXAMPLE #1:

- There are 4 people in your family and your annual household income is \$40,000.
- You qualify for 100% financial assistance for your care at a Provena Health hospital

EXAMPLE #2:

- There are 3 people in your family and your annual household income is \$40,000.
- You qualify for partial financial assistance for your care at a Provena Health hospital.

EXAMPLE #3:

- There are 2 people in your family and your annual household income is \$90,000.
- You do not qualify for financial assistance for your care at a Provena Health hospital. However, if you have special circumstances that affect your ability to pay, you can ask our Financial Assistance Committee to review your case.

Note: If you receive partial financial assistance, you are still responsible for paying your portion of the bill. However, we are committed to working with patients to develop payment terms that are appropriate based on their income and ability to pay. If we establish a payment plan for you, we will not charge interest on the account balance while you make the payments.

*For the most current information regarding Provena's Financial Assistance Policy, please visit our website www.provena.org.

Powerful healing.

ARE THERE OTHER WAYS TO QUALIFY?:

YES. You may receive financial assistance if you are determined to be eligible by the State of Illinois to receive assistance under the Violent Crime Victims Compensation Act or the Sexual Assault Victims Compensation Act. If this is the case, please note this on your application for special review by the ministry's Financial Assistance Committee.

You can also ask one of our Patient Financial Counselors for more information about qualifying for Medicare or Medicaid.

HOW DO I APPLY FOR FINANCIAL ASSISTANCE?

Our goal is to make applying for patient financial assistance as easy as possible. Here is the process, step by step:

Step 1: Request an application form.

These forms are available through our Patient Access and/or Patient Financial Services representatives or via our website at www.provena.org

Step 2: Fill out and return the form.

Once you have filled out the application, return it to the Patient Access and/or patient Financial Services representative at the Provena Health ministry where you received your care.

Step 3: We review your application.

We will review your application to see if you qualify for assistance according to the guidelines outlined in this brochure. If there are special circumstances that affect your ability to pay, these may be reviewed by the respective Provena Health ministry Financial Assistance Committee.

Step 4: You receive a decision.

You will receive a written decision promptly—usually within 45 days of applying. If you are denied assistance, the decision will provide the reasons for denial. The decision will also provide you with information on how to set up a payment plan with the hospital, if applicable.



To learn more about Provena Health Financial Assistance policies, or to apply for financial assistance for care, please contact our Patient Access and/or Patient Financial Services representatives or visit our website at www.provena.org



All applications for financial assistance are kept completely confidential. The information on your application is shared only with those responsible for determining your eligibility.