



## Financial Assistance Policy -Plain Language Summary

### Attachment D

Sarah Bush Lincolns (SBL) Financial Assistance Policy/ Program (FAP) exists to provide eligible patients as defined in Section B of the Financial Assistance Policy, partially or fully discounted emergent or medically necessary care. Patients that will be seeking Financial Assistance must apply for the program, which is summarized below.

**Eligible Services** – Emergent and/or medically necessary healthcare services provided by Sarah Bush Lincoln, and all clinics owned by Sarah Bush Lincoln. The eligible services only apply to services billed by Sarah Bush Lincoln.

**Eligible Patients** – Patients receiving eligible services, **who submit a complete Financial Assistance application** (including related documentation/information) and who are determined to be eligible for Financial Assistance.

**How To Apply** – Financial Assistance applications may be obtained/completed/submitted as follows:

- Obtain a free application at the Hospital main registration desk, Patient Financial Services or at the main registration desk of any Hospital owned clinic.
- Request to have a free application be mailed to you, by calling SBL Patient Financial Services at 800-381-0040.
- Request a free application by mail at Sarah Bush Lincoln, P.O. Box 372, Mattoon, Illinois 61938.
- Download a free application from the SBL website: [www.sarahbush.org](http://www.sarahbush.org).
- Mail completed applications (with all documentation/information specified in the application instructions) to SBL Patient Financial Services, P.O. Box 372, Mattoon, Illinois 61938.
- Patient Financial Services Representatives are available to assist in completion of the application Monday-Friday, 8:30-4:30 p.m. at the Financial Counselor office in the main building.

**Determination of Financial Assistance Eligibility** – Generally, eligible patients are eligible for Financial Assistance using a sliding scale, when their family income is at or below 400% of the Federal Government’s Federal Poverty Guidelines. Eligibility for Financial Assistance means that eligible persons will have their care partially or fully covered. Eligible patients will not be charged more for Emergency or other medically necessary care than Amounts Generally Billed (AGB) than those patients who have insurance.

This summary, the Financial Assistance Policy, and Financial Assistance application are available in Spanish at the locations listed above.