In the spirit of our Catholic Jesuit tradition, Loyola Medicine is committed to providing healthcare services to all patients based on medical necessity.

Loyola is committed to:

- Assisting patients who cannot pay for all or part of the care they received
- Caring for all persons, regardless of their ability to pay for services
- Providing access to quality healthcare services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities

For patients who require financial assistance or who experience temporary financial hardship, Loyola Medicine offers several assistance and payment options, including charity and discounted care as well as short-term and long-term payment plans.

**Uninsured Patients**

Loyola extends discounts to all uninsured patients who receive medically necessary services. Uninsured discount amounts are based on federal poverty level (FPL) guidelines. All medically necessary services qualify for uninsured discounts. Loyola may qualify patients based on residency requirements.

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

**Presumptive Eligibility for Uninsured Patients**

Loyola offers presumptive financial assistances for uninsured patients who demonstrate one or more of the following:

1. Deceased with no estate.

2. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200 percent of the federal poverty income guidelines:
   - Women, Infants and Children Nutritional Program (WIC)
   - Supplemental Nutritional Assistance Program (SNAP)
   - Illinois Free Lunch and Breakfast Program
   - Low-Income Home Energy Assistance Program (LIHEAP)
   - Organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership.
   - Receipt of grant assistance for medical services.

3. Homelessness.

4. Medicaid eligibility, but not on date of service or for non-covered services.

5. Mental incapacitation with no one to act on the patient’s behalf.
**Payment Plans**
We offer extended payment plans to patients through our partner AccessOne. They offer no-interest and flexible low-interest payment plans that are tailored to your health and financial situation. Their program covers all patients regardless of credit history—and they never report to credit bureaus. Their customized payment options offer many benefits:

- No credit reporting
- Everyone is accepted
- No hidden fees
- Easy payment methods: online, phone, check, auto pay

Combined statements that include other medical bills and family members

Their patient advocates will work with you to determine the right plan for your situation, helping you pay in regular low-monthly installments you can realistically manage. To learn more, speak to one of their Patient Advocates by calling **888-394-3133** or visit their website at **AccessOneMedCard.com**

**Financial Assistance & Charity Care Policy**
A 100% discount for medically necessary services is available to patients who earn 200% or less of the federal poverty level guidelines. Elective services, such as cosmetic surgery, are not included in our charity program. Individuals who earn between 200 and 400% of the federal poverty level guidelines are eligible for a partial discount equal to the Medicare discount rate.

Patient copays and deductibles may be eligible for discounted rates if a patient qualifies for financial assistance and earns less than 200% of the federal poverty level guidelines.

Discounts are also available for 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% of their annual income. In these cases, patient copays and deductibles may also be included in the discount.

Charity care discounts may be denied if patients are eligible for other funding sources, such as an insurance plan through the Affordable Care Act’s Health Insurance Marketplace or Medicaid coverage, and refuse or are unwilling to apply for these sources.

You may read the full policies below:

**Loyola University Medical Center**
- English
- Spanish
- Polish

**Gottlieb Memorial Hospital**
- English
- Spanish
- Polish

**MacNeal Hospital**
- English
- Spanish
- Polish

You can read our plain language summaries here:

**English**
- Plain language summary
  - English (LUMC)
- Plain language summary
  - English (Gottlieb)
- Plain language summary
  - English (MacNeal)

**Spanish**
- Plain language summary
  - Spanish (LUMC)
- Plain language summary
  - Spanish (Gottlieb)
- Plain language summary
  - Spanish (MacNeal)

**Polish**
- Plain language summary
  - Polish (LUMC)
- Plain language summary
  - Polish (Gottlieb)
- Plain language summary
  - Polish (MacNeal)
Applying
To apply for financial assistance, please complete and submit the application found here:

• English (Loyola Medicine)
• Polish (Loyola Medicine)
• Spanish (Loyola Medicine)

Copies of the application and the complete policy also can be obtained by calling Patient Financial Services at 708-216-5014 (ext. 5) or by sending a request in writing to the Patient Financial Services department. These documents are also available in the language of any population consisting of 10 percent or more of the community population the hospital serves.

• LUMC Provider Listing
• Gottlieb Provider Listing
• MacNeal Provider Listing

Patient Financial Services
Financial Counselors are available to work with patients in completing financial assistance applications to determine what assistance is available, which includes assessing eligibility for Medicaid and Health Insurance Exchange plans. To speak with a financial counselor, please call 708-216-5014 (ext. 5).

No patient who qualifies for financial assistance will be charged more than the amounts generally billed by the hospital, which are Medicare rates.

The Health Insurance Marketplace
The Affordable Care Act (ACA) requires everyone legally living in the United States to have health insurance. It also gives access to health plans at different cost levels to millions of individuals with too little or no insurance. The law provides financial assistance to those who qualify based on family size and income. Please contact a financial counselor at 708-216-5014 (ext. 5) for more information.

Medicare Insurance Helpline*
Toll-free: (888) 482-4976

Monday — Friday 9 am to 6 pm

Request a consultation online

*Served by MedicareCompareUSA, an independent insurance agency that is not affiliated with the federal Medicare program. All services provided at no cost; MedicareCompareUSA and its affiliated agents are paid directly by the Medicare plan chosen by the beneficiary.