



Financial Assistance and Charity Care Policy

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:
 - a. Women, Infants and Children Nutritional Program (WIC)
 - b. Supplemental Nutritional Assistance Program (SNAP)
 - c. Illinois Free Lunch and Breakfast Program
 - d. Low-Income Home Energy Assistance Program (LIHEAP)
 - e. Organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership.
 - f. 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

Our HealthFirst loan program offers patients interest-free installment plans for up to 12 months. For plans lasting longer than 12 months, HealthFirst Financial has below-market interest rate programs. To learn about this program or set up an installment plan, contact our Patient Financial Services Department at 800-424-4840.

To contact HealthFirst Financial directly, please call 888-394-3133 or [visit the HealthFirst website](#).

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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. Individuals who earn between 200 and 400 percent 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 percent 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 percent 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 policy here:

- **English**
- **English (Gottlieb)**
- **Polish**
- **Polish (Gottlieb)**
- **Spanish**
- **Spanish (Gottlieb)**

Applying

To apply for financial assistance, please complete and submit the application found here:

- **English**
- **Polish**
- **Spanish**

Copies of the application and the complete policy also can be obtained by calling Patient Financial Services at 800-424-4840 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.

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 888-584-7888.

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 888-584-7888 for more information.