

Plain Language Summary of Financial Assistance Policy

This information has been prepared for you to inform you about our Financial Assistance Policy (FAP). Treatment for emergency medical conditions will be performed without discrimination and regardless of eligibility for free or discounted care.

Eligibility and Assistance Offered

St. Bernard Hospital (St. Bernard) is committed to providing compassionate health care to all. In keeping with the hospital's commitment to serve all members of its community, St. Bernard recognizes and acknowledges the financial needs of patients who are unable to afford the charges associated with their medical care. For patients who need financial assistance or experience temporary financial hardship, St. Bernard offers several assistance and payment options, including free and discounted care and payment plans. All emergency or other medically necessary services, based on policy and residency requirements, may qualify for uninsured discounts. Services and supplies for convenience or cosmetic, which are not normally covered by insurance, are not eligible for financial assistance discounts.

Patients may qualify for financial assistance either by presumptive eligibility or based on family gross income level, as measured against the Federal Poverty Level (FPL) guidelines. Patients who qualify for presumptive eligibility as of the date of service are automatically eligible to receive free medically necessary service. Presumptive eligibility can be demonstrated by submitting proof of enrollment in certain federal or state programs; homelessness; mental incapacitation with no one to act on the patient's behalf; deceased with no estate; current Medicaid eligibility (but not at the time of service).

All uninsured patients at St. Bernard automatically receive a self-pay discount. For patients who do not meet the presumptive eligibility requirements, FPL guidelines are used to determine an additional discount based on the family's gross income:

200% or below – free care
Above 200% but equal to or below 300% - 75% additional discount
Above 300% but equal to or below 400% - 50% additional discount
Above 400% but equal to or below 500% - 25% additional discount

Insured patients may apply for financial assistance for emergency or other medically necessary care. If approved, St. Bernard will apply the same percentage discounts as set forth above to any self-pay balance, based on reviewed and submitted information.

Patients residing outside of Illinois are not eligible for financial assistance. This policy pertains to hospital services only. No one eligible for financial assistance will be charged more for emergency or other medically necessary care than amounts generally billed to Medicare patients. See St. Bernard's full FAP for further details.

How to Apply

Financial assistance information and an application for assistance is available on our web site: www.stbh.org (click on "Request financial assistance" and "Financial Assistance Application"). Complete and submit the application according to the instructions on the form.

How to Obtain More Information

To check your eligibility for any of these programs, discuss payment arrangements, or if you have any questions about your hospital account(s), please contact one of our Credit Assistants as follows:

773-962-4421 for patient's last name beginning with A thru M or
773-962-4011 for patient's last name beginning with N thru Z

You may also discuss your account with us in person, or request free financial assistance information by mail. Our office is located on the fifth (5th) floor of the hospital. Our address is St. Bernard Hospital and Health Care Center, 326 West 64th Street, Chicago, Illinois 60621. Our hours are Monday through Friday, 8:30 a.m. to 4:00 p.m. (excluding holidays).

Financial assistance information is also on our website: <https://www.stbh.org/our-services/patient-financial-services/>