

Peace of Mind Regarding Payment

Including Plain Language Summary of the Financial Assistance Policy

Thank you for selecting Memorial Health for your healthcare needs. Please review this important information about your bill. All emergency patients are entitled to receive a medical screening (triage) and stabilizing treatment without respect to insurance, ability to pay or any other financial issue. Payment arrangements will be discussed after treatment has been provided. Memorial Health accepts most forms of insurance, including: Medicare, Medicaid, Worker's Compensation, certain Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO) plans. All claims will be submitted on your behalf to your insurance company. Please be prepared to:

- Present your most current insurance card and photo identification.
- Contact your insurance company to ensure your scheduled service is authorized to be performed at a Memorial Health facility.
- Provide all information requested by your insurance company to ensure prompt payment.
- Pay your copayment or your portion of the hospital bill.
- If you are uninsured, contact our patient financial representative for assistance in determining Medicaid eligibility. Also, please refer to the section on financial assistance.
- If you have insurance but are low income, contact our patient financial representative for assistance in determining Medicaid eligibility. Also, see the section on presumptive financial assistance.

Payment Options

Memorial Health accepts the following:

- Cash or personal check
- Visa, MasterCard or Discover
- Online payments: [memorial.health/financial/bill-pay](https://www.memorial.health/financial/bill-pay)
- Approved payment plans

(See back for Patient Financial Services contact information.)

Plain Language Summary of Financial Assistance Policy

To be eligible to receive assistance, services must be medically necessary. This does not include the following: social and vocational services; elective cosmetic surgery; services that could have been provided free of charge at another facility; and services that could have been paid by a third party but due to the patient's failure to enroll or follow payer guidelines, full payments were not received.

Patients without insurance will receive an automatic uninsured discount taken off the charges. These patients will not be charged more for emergency or other medically necessary care than the Amounts Generally Billed (AGB) to those patients who have insurance. Please contact our financial assistance representative for information on the AGB.

Patients may qualify for free care if they have proof of presumptive eligibility. Patients will be deemed presumptively eligible for financial assistance if the patient demonstrates one or more of the following (assistance is for the uninsured unless otherwise indicated):

- Homelessness *
- Deceased with no estate *
- Mental incapacitation with no one to act upon patient's behalf
- Medicaid eligibility, but not on date of service or for non-covered service *
- Recent personal bankruptcy *
- Incarceration in a penal institution
- Affiliation with a religious order and vow of poverty
- Enrollment in Temporary Assistance for Needy Families (TANF) *
- Enrollment in Illinois Housing Development Authority's Rental Housing Support Program*
- Enrollment in Women, Infants and Children Nutrition Program (WIC) *
- Enrollment in Supplemental Nutrition Assistance Program (SNAP) *
- Enrollment in Illinois Free Lunch and Breakfast Program

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- Enrollment in Low Income Home Energy Assistance Program (LIHEAP) *
- Enrollment in an 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

**Insured patients may qualify for 100-percent assistance with income below 300 percent of federal poverty level. Application must be submitted with required documentation including proof of one of these presumptive categories.*

Discounts beyond the uninsured and presumptive discounts require application. Memorial Health provides 100-percent assistance or partial assistance depending on the applicant's income and assets. For uninsured patients who qualify for partial assistance, the maximum amount that will be collected in a 12-month period is 20 percent of the family's annual gross income.

Patients must be eligible for the financial assistance program. Eligibility is based on, but not limited to, the following:

- Patient must cooperate in the application process, i.e., providing supporting documents.
- Uninsured patients with family income less than 300 percent of federal poverty level are eligible for full assistance. A Schedule of Income Guidelines and Discounts is available on our website or upon request.
- Uninsured patients with family income greater than 301 percent of federal poverty level will be considered for partial assistance upon application.
- If medical bills cause an undue hardship, Memorial Health leadership can approve assistance on a case-by-case basis.

Patients seeking assistance must complete an application and provide additional information, including but not limited to the following:

- Most recent federal income tax return with schedules and W-2 forms
- Paycheck/unemployment check stubs (two most recent) or written statement of earnings from your employer
- Statement of monthly Social Security benefits
- Forms approving/denying assistance from the Illinois Department of Public Aid
- Checking/savings/investment account statements (past two months)
- Additional documentation as requested

Our financial assistance representative is available to assist patients with their applications.

A free copy of the entire Memorial Health Financial Assistance Policy, application and Schedule of Income Guidelines and Discounts in English, Spanish, French and Chinese can be accessed in the following ways:

- Visit memorial.health/financial/assistance.
- Email a request to: Financial.Assistance@mhsil.com
- Contact a Patient Access representative at registration locations.
- Visit our Patient Financial Services office located at one of our hospitals.
- Mail a request to the following address:
Memorial Health
Attn: Patient Financial Services
P.O. Box 19287
Springfield, IL 62794-9287

Contact Information

Monday–Friday | 8:15 a.m. to 4:15 p.m.

FINANCIAL ASSISTANCE:

217-788-4774 | Financial.Assistance@mhsil.com | Fax: 217-757-7595

PATIENT FINANCIAL SERVICES:

[Decatur Memorial Hospital/Jacksonville Memorial Hospital/Springfield Memorial Hospital](#)

217-788-3800 | Billing.Advocate@mhsil.com

[Lincoln Memorial Hospital/Taylorville Memorial Hospital](#)

217-788-3370 | LMHBillingAdvocate@mhsil.com | TMHBillingAdvocate@mhsil.com | Fax: 217-757-7593

MEDICAID APPLICATIONS:

[Decatur Memorial Hospital](#)

217-876-2691 | 217-788-3837

DMHMedicaid.Enrollment@mhsil.com

[Jacksonville Memorial Hospital/ Lincoln Memorial Hospital/Springfield Memorial Hospital/Taylorville Memorial Hospital](#)

217-788-3837 | 217-788-3839

Medicaid.Enrollment@mhsil.com