

# PATIENT FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

## HOUSEHOLD INFORMATION:

Number of persons in the patient's family/household shall exclude any non-minor children, living at home but not claimed on the parents' tax return. Number of dependents includes those that are claimed on your tax return. You will be required to submit a copy of your most recent tax return to support the number of claimed household dependents. A non-minor child still living in the parent's household, and not claimed on the parent's tax return, shall apply for financial need separately based on his/her own income and not that of the parents. If the non-minor child is claimed on the parent's tax return, then the parents' income should be factored in to the household income for financial need determination.

## PUBLIC AID (MEDICAID) ASSISTANCE:

Applicants who are determined to be potentially eligible for Medicaid coverage are required to apply for public aid assistance to determine eligibility under the State Medicaid system prior to determining eligibility for the Uninsured Patient Discount and Financial Assistance Programs. Additional information, including names of dependents, may be necessary in order to assist in determining your Medicaid eligibility and completing a Medicaid application. If you need assistance obtaining and completing an application, the Financial Assistance Coordinator (217-466-4257), or Patient Advocate (217-466-4522) at Horizon Health can assist you.

## INDEPENDENT PHYSICIAN FEES ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE:

Independent physicians providing services at Horizon Health, including but not limited to, some surgeons, radiologists, pathologists, and specialty clinic physicians, who bill for their services separately. This Hospital Financial Assistance application does not cover nor apply to fees charged by those independent physicians.

ATTACHMENTS: If you do not have access to a copier, feel free to bring in your original supporting documentation when returning this completed application and we will be happy to make the necessary copies for you.

## NOTIFICATION AND APPROVALS:

Notification of approval or request for additional information will be provided to you within approximately 2 weeks of returning the application with all completed documentation. Upon expiration of the approval, applicant will be asked to complete a new application form to update on the current financial status and any changes thereof.

## COMPLAINTS:

Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General. You can call 1-877-305- 5145 (TTY 1-800-964-3013) or visit the following website

<https://www.illinoisattorneygeneral.gov/consumers/healthcare.html>.