



# HARDIN COUNTY GENERAL HOSPITAL & CLINIC

*“Caring For Your Family – With Ours”*

6 Ferrell Road

Rosiclare, Illinois 62982

Hospital Phone: (618) 285-6634 Fax: (618) 285-3564

Clinic Phone: (618) 285-2800 Fax: (618) 285-2804

[www.ilhcg.org](http://www.ilhcg.org)

## PLAIN LANGUAGE SUMMARY FOR FINANCIAL ASSISTANCE PROGRAM(FAP)

Hardin County General Hospital and Clinic (HCGHC) will assist patients who cannot pay for part or all of the care they receive in a respectful, compassionate manner. We offer a community service of free or discounted care to uninsured, underinsured, indigent individuals and/or those who are financially unable to pay for medical care excluding: deductibles, insurance co-payments (including Medicare) and Illinois Department of Healthcare and Family Service recipient spend downs. Balances due on accounts that have been billed to insurance or uninsured balances will be collected based on collection procedures as presented in the hospital-wide billing and collection policy (HW139), based on guidelines established by the Illinois Hospital Uninsured Patient Discount Act, Fair Billing Act and Section 501(r)(4) of the Internal Revenue Service code pertaining to hospital FAP. All assistance will be made without discrimination based upon race, culture, creed, gender, sexual orientation, national origin or other grounds unrelated to the individual's need for these services or ability to pay.

No one eligible for financial assistance under FAP will be charged more for emergency or other medically necessary care than amounts generally billed (**AGB**) to individuals who have insurance coverage. The **AGB** billed by Hardin County General Hospital is a combination of the “Look-back method and a percent of the Medicare fee schedule. This includes a comparison and review of the hospital's Medicare Cost Report submitted annually, as well as the past year's private health insurance claims paid to the facility and the Medicare fee schedule times 2.5.

HCGH utilizes the Federal Poverty Guidelines (FPL) published annually by the US Department of Health and Human Services to determine eligibility for Financial Assistance or Community Benefits. All patients whose income is less than or equal to 125% of the FPL and have been approved for assistance will receive 100% reduction (free care) or 135% of the cost to charge ratio, whichever is more. Partial financial assistance (discounted care) is provided for the following income levels:

Over 126%-200% FPL- 50% reduction in charges.

Over 201%-300% FPL- 30% reduction.

*Over 301%-600%'s FPL- 10% reduction in charges.* Maximum that can be collected is 20% of gross annual income.

You may request an itemized bill or a copy of the hospital-wide collection policy at any time from the hospital. You may apply for assistance upon arrival in the hospital or within 30 days of receipt of the first bill. A registration clerk will distribute the FAP application in person upon inpatient admission. The following are ways to obtain, download or print and return the FAP application:

- 1) On the hospital website located at: [www.ilhcg.org](http://www.ilhcg.org). Under Financial assistance tab.
- 2) The FAP application is also available at the front lobby desk of the hospital and clinic.
- 3) Upon request by phone at (618) 285-6634 ext.301 or 302.
- 4) By mail at: 6 Ferrell Road, Rosiclare, IL 62982.
- 5) Email request to [Kathy.jackson@ilhcg.org](mailto:Kathy.jackson@ilhcg.org).
- 6) Fax request at: (618)285-3564.

- 7) You may visit the Credit Manager for financial assistance during office hours of: 7:00AM until 4:30PM Monday through Friday. In the absence of the Credit manager your request will be referred to the Patient Account Manager or the Director of Fiscal Services.

Community service in the form of free or discounted care will be available to persons who are uninsured, underinsured and/or indigent and have attempted to qualify for Illinois Public Assistance. **If you are uninsured, a Social Security Number is not required to qualify for free or discounted care.**

Financial assistance may be given in the forms of free care, discounted care and/or establishment of a payment plan. The financial assistance program covers charges for all HCGHC bills, including inpatient, outpatient, ER, hospital based RHC and doctor fees billed by the hospital. This currently includes physician fees for Dr. M. Sunga, Dr. J. Hastie, Dr. E. Chatto and Dr. S. Bose. The hospital FAP does **not** cover outside bills for radiology and pathology which currently includes Specialists in Medical Imaging/Saline Valley Radiology (SMI) and Laboratory of America Holdings (LabCorp), Quest Diagnostics, as well as Cardio/Pulmonary services provided by: iRhythm Technologies, INC, Phillips Biotel Heart and Black Stone Medical.

The Financial Assistance Program application, Plain Language summary and policy is currently available in English, if you need assistance with interpretation in another language, please contact the hospital using the methods listed above.

Complaints or concerns with the hospital assistance process may be reported to the Health Care Bureau of the Illinois Attorney General. You may call 1 (877) 305-5145, TTY 1-800-964-3013 or visit the following website: <https://www.illinoisattorneygeneral.gov/consumers/healthcare.html>.