

FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES

Rockford Health System provides health care regardless of the patient's ability to pay for such care. These guidelines are intended to provide a framework to offer assistance to patients and families with legitimate financial hardship, who are unable to pay for all or a portion of their medical care.

Patients residing within the RHS service area may receive services without charge or at a discounted charge and must demonstrate that they can not afford to pay for full charges. Patients who reside outside of the RHS service area will generally not be eligible for financial assistance consideration. These patients should be encouraged to seek treatment at an appropriate facility located within their geographic proximity. Exceptions may be made for those services in which RHS is a recognized referral center.

COVERED SERVICES

Covered services are those which are determined medically necessary by a physician.

ELIGIBILITY CRITERIA

The determination as to whether the patient meets the established criteria for financial assistance should be made as early as possible (before or at the time of service is preferable). When a patient or responsible individual acting on behalf of the patient, indicates an inability to pay for needed medical services, they will be asked to complete a Financial Disclosure Sheet. **Any assistance from the Healthcare Family Services, Social Security office or other available funding should be pursued before the RHS application will be considered. A denial from Public Aid for failure to cooperate will result in a denial from RHS.** Federal Poverty Guidelines will be used to help determine eligibility.

The following guidelines will be used to determine eligibility for financial assistance:

1. Persons eligible should have an established address in the RHS community.
2. Financial assistance will be given based on gross family income for the past 12 months (or last 3 months x 4). Gross income must be verified using the following documentation:
 - a. check pay stubs or unemployment check stubs
 - b. statements of monthly social security benefits
 - c. prior year's Income Tax Return
 - d. most recent checking and savings account bank statement
3. Failure to provide the above information could disqualify you from any consideration.

Guidelines – continued:

4. Employment status – current and future.
5. Family size (according to what is reported on Income Tax Return)
6. Outstanding financial obligations, with special consideration to other medical obligations.

7. Review of credit bureau report to verify outstanding financial obligations.
8. Amounts already paid will not be considered for financial assistance or eligible for refund.
9. Financial assistance will not be considered until all third party payors have been billed and payments have been received or denied. This may include a State Medicaid and Social Security application being processed.
10. Accounts previously referred to outside collection agencies will not be considered eligible.
11. Extenuating circumstances – major issues and/or problems that may contribute to an inability to pay, such as extended major illness (catastrophic) should be described and attached to the Financial Disclosure Sheet.
12. Cooperation from the patient/guarantor throughout the process is required.

INCOME GUIDELINES

Size of Family Unit	2007 Federal Poverty Guidelines	Tiers I: 175% or less of Federal Poverty Guidelines	Tiers II: 176 - 200% of Federal Poverty Guidelines	Tiers III: 201 - 225% of Federal Poverty Guidelines	Tiers III: 226 - 250% of Federal Poverty Guidelines	Tiers IV : 251 - 275% of Federal Poverty Guidelines	Tiers VI: 276 - 300% of Federal Poverty Guidelines
1	\$10,210	\$17,868	\$20,420	\$22,973	\$25,525	\$28,078	\$30,630
2	\$13,690	\$23,958	\$27,380	\$30,803	\$34,225	\$37,648	\$41,070
3	\$17,170	\$30,048	\$34,340	\$38,633	\$42,925	\$47,218	\$51,510
4	\$20,650	\$36,138	\$41,300	\$46,463	\$51,625	\$56,788	\$61,950
5	\$24,130	\$42,228	\$48,260	\$54,293	\$60,325	\$66,358	\$72,390
6	\$27,610	\$48,318	\$55,220	\$62,123	\$69,025	\$75,928	\$82,830
7	\$31,090	\$54,408	\$62,180	\$69,953	\$77,725	\$85,498	\$93,270
8	\$34,570	\$60,498	\$69,140	\$77,783	\$86,425	\$95,068	\$103,710

Eligible Basic Financial Assistance Allowance

100%	80%	60%	40%	20%	10%
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For Families with more than eight members, add \$3,400 for each additional member to arrive at the applicable Federal Poverty Guideline.

ANY QUESTIONS, PLEASE CALL: (815) 971-2900

**PLEASE RETURN THE COMPLETED FORM TO: Rockford Health Medical Laboratories
2300 N. Rockton Avenue
Rockford, IL 61103**

3/00; Revised 8/01;5/02;3/03;3/04;10/04;3/05;1/06,1/07,10/07