

JACKSON PARK HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM

Financial aid is intended to assist those low-income, self pay individuals who do not otherwise have the ability to pay full charges as determined under the hospital's qualification criteria. It should take into account each individual's ability to contribute to the cost of his or her care. Hospital financial aid is not a substitute for employer-sponsored, public or individually purchased insurance.

1. All patients will be provided treatment for essential emergency medical services regardless of their ability to pay.
2. The decision to extend financial assistance will be based solely on the applicant's financial status as indicated by pre-determined eligibility requirements and will be granted to all qualifying patients, regardless of race, color, religion, age, national origin, marital status or legally protected status. This policy will be uniformly applied to any uninsured/underinsured patient.
3. Patients are eligible for financial assistance for essential medical services. Essential medical services are defined as hospital services that are reasonably required to make a diagnosis, correct, cure, alleviate, or prevent the worsening of conditions that endanger life or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.
4. Patients having no health insurance or inadequate health insurance coverage are eligible to apply for the financial assistance program. To be considered for a discount under the Financial Assistance Policy, a self pay person must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicare, Medicaid, and/or third party liability, etc.
5. The Financial Assistance Program shall encompass all essential medical hospital services and professional services furnished by hospital employed physicians.
6. Full financial/charity assistance will be given to patients with gross family income equal to or below 200% of the Federal Poverty Levels (FPL), adjusted for family size, provided such patients are not eligible for other private or public health coverage and do not exceed the assets protection threshold.
7. The hospital may reserve the right to revoke financial assistance if it determines a patient has knowingly misrepresented their financial condition, the number of dependents or any other information necessary to determine financial status for purposes of this policy.
8. The Financial-Aid Criteria must be available in other languages in accordance with the applicable "*Standards for Culturally and Linguistically Appropriate Services in Health Care*" (*Standards 4 & 7, based on Title VI of the Civil Rights Act of 1964*).