



Midwest Medical Center

Discounts and Financial Assistance Programs

Plain Language Summary

Financial Assistance programs and Eligibility Requirements:

The following Financial Assistance **does not** require a completed Midwest Medical Center (MMC) Financial Assistance Application.

MMC Uninsured Discount:

MMC applies a courtesy discount to Uninsured Patients for most Hospital and Physician services. Certain services are excluded and the applicable discount is automatically applied to the Patient's billing statement. This discount is removed if insurance coverage is subsequently identified.

Presumptive Eligibility:

Uninsured Hospital patients who have demonstrated homelessness; mental incapacitation with no one to act on their behalf; Medicaid eligibility but did not have Medicaid on the date of service (or the service was not covered by Medicaid) or are deceased with no estate, will be presumed eligible for financial assistance without further scrutiny by the Hospital.

The following Financial Assistance Programs **do** require a completed MMC Financial Assistance Application. All patients generally have 240 days from the date of the first bill to apply for financial assistance.

Illinois Hospital Uninsured Patient Discounts

MMC provides financial assistance to Uninsured Patients for Hospital services in accordance with the Illinois Hospital Uninsured Patient Discount Act.

- Applications must be completed. These discounts do not apply to persons who do not reside in Illinois or to physician and non-hospital services. Eligible Patients with Family Income for Family size not more than 150% of the Federal Poverty Income Guidelines are provided a discount of 100% of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services.
- Eligible Patients with Family Income for Family size more than 150% but not more than 300% of the Federal Poverty Income Guidelines are provided a discount of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services.

MMC Assisted Care Discounts

MMC may provide financial assistance to Uninsured Patients who are MMC Service Area Residents for Medically Necessary services performed by MMC providers. This program is for those individuals who are not otherwise eligible to apply for insurance as another source of payment and compares Family Income to Federal Poverty Income Guidelines.

Medically Indigent Discounts

MMC may offer additional discounts for Uninsured and Underinsured Patients whose out-of-pocket expenses for Medically Necessary Services provided by MMC, exceed the Patient's ability to pay. Decisions will be made on a case-by- case basis.

AGBPercentage

- Patients found eligible under MMC's Financial Assistance Policy shall not be billed more than the AGB percentage of Gross Charges the Hospital uses under Section 501(r) of the Internal Revenue Service Tax Code.
- MMC uses the look-back method when calculating the annual AGBPercentage, which divides the sum of certain claims paid to the hospital by the sum of the associated gross charges for those claims



MMC provides both uninsured and underinsured patients a wide range of financial assistance options for medically necessary health care provided by MMC employed providers. Eligibility for assistance may vary depending on residency, income, family size, and eligibility for insurance coverage. Patients must exhaust all other reasonable sources of payment including eligibility for other insurance. You may not decline other insurance as a source of payment, if available, in favor of utilizing MMC's Financial Assistance Programs.

- **Medically Necessary Services:** Any Hospital inpatient or outpatient service, including medications or supplies provided by the Hospital, normally covered for Medicare beneficiaries.
- **Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payment for child support.
- **Family Size:** The number of personal exemptions allowed under federal tax law on the most recently filed federal income tax return on which the Patient or Guarantor is one of the persons a personal exemption is allowed. Additionally a Partner, is also included. A Partner is a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act or similar state law.
- **Uninsured Patient:** A patient who is not covered under a health insurance policy and is not a beneficiary under a public or private health insurance plan, workers' compensation, accident liability insurance, or other third party liability insurance.
- **Underinsured Patient:** A patient who is covered under a health insurance policy or is a beneficiary under a health insurance plan, accident liability insurance or other third party liability insurance with coverage limits, co-payments and/or coinsurance requirements that may result in out of pocket expenses that exceed the Patient's ability to pay, as determined by MMC.

How can you apply?

The MMC Financial Assistance Policy, Plain Language Summary, and Applications may be accessed:

- Online at www.midwestmedicalcenter.org
- Midwest Medical Center
One Medical Center Drive
Galena IL 61036
- Contacting a Patient Representative at (877) 632-2129
- Written requests mailed to:
Midwest Medical Center
ATTN: Patient Representative
One Medical Center Drive
Galena IL 61036

Need Assistance Applying?

For more information and help with the application process please:

- Contact a Patient Representative at 1-815-777-1340
- Visit the Midwest Medical Center website at:
www.midwestmedicalcenter.org



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