PURPOSE:
Ingalls Memorial Hospital ("IMH") is a not-for-profit, tax-exempt hospital with a charitable mission of providing care to patients, including those who are economically disadvantaged. Consistent with this commitment, IMH has developed this Financial Assistance Policy (the "Policy") to identify and assist those patients who do not have the means to pay for emergency and medically necessary care provided by IMH.

POLICY:
An IMH patient will be eligible for financial assistance pursuant to this Policy for emergency treatment and for emergency and other medically necessary care if the patient: (1) (i) has limited or no health insurance; and (ii) applies for but is deemed ineligible for governmental assistance (for example, Medicare or Medicaid); and (iii) meets his or her responsibilities set forth in this Policy, including cooperating with IMH in providing the requested information; and (iv) demonstrates "financial need"; or (2) IMH, in accordance with this Policy, makes an administrative determination that financial assistance is appropriate.

This Policy applies to emergency and other medically necessary care provided by certain members of the medical staff and those providers employed by Primary Healthcare Associates, S.C. to in-patients and outpatients at IMH at Ingalls Memorial Hospital, Ingalls Family Care Center Flossmoor, Ingalls Same Day Surgery, Ingalls Family Care Center Tinley Park, Ingalls Family Care Center Calumet City, out-patient services at Ingalls Quick Care Center Crestwood, Ingalls Center for Occupational Rehabilitation Services, Ingalls Home Care, and Ingalls Rehabilitation Unit.

A patient may seek a written estimate of the costs of health care services, which, upon patient request, will include the estimated amount that the patient’s insurance will cover, leaving an estimated Patient Balance Due. Because this is an estimate, IMH cannot guarantee that the actual Patient Balance Due will be the same as the estimate, and IMH will properly notify patients of the nature of the estimate.

DEFINITIONS:
"Family Income" means the sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Examples of Family Income include salaries, legal judgments, unemployment compensation, and investment income.

"Health Care Services" means any emergency or other medically necessary inpatient or outpatient hospital care provided at IMH and affiliates for a particular encounter/admission, including pharmaceuticals or supplies provided by IMH to a patient during that encounter/admission.
"Indigent Patient" means a patient of IMH who does not comply with one or more of the Patient Responsibilities set forth below but who IMH determines through other reliable means to be in need of financial assistance.

"Medically Necessary" means any inpatient or outpatient hospital service, including physician charges, pharmaceuticals or supplies provided by IMH to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient seeking financial assistance. For example, a "medically necessary" service does not include any of the following:

(i) Non-medical services such as social and vocational services.

(ii) Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

“Patient Balance Due” means the amount that a patient owes IMH after all payers have met their payment obligations. For patients with insurance, the Patient Balance Due is the result after the application of the insurer's negotiated discount and the insurer's payments. This includes government payers. For patients with other payment arrangements, the Patient Balance Due is the result after payment has been made.

“Plain Language Summary” means a written document that will notify an individual that IMH offers financial assistance under this Policy that complies with Internal Revenue Service regulations.

"Underinsured Patient" means a patient of IMH who is covered under a policy of health insurance (including a government payer such as Medicare or Medicaid) but (a) the amount or type of benefit coverage does not cover the charges for the care provided, or (b) the insurer does not have a contract with IMH, or (c) the insurance policy limits have been exceeded.

"Uninsured Patient" means a patient of IMH who is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including but not limited to high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability insurance. A discount of 70% of gross charges, is provided to all uninsured patients without requiring evidence of inability to pay. This discount is designed to ensure that patients are charged at a rate generally comparable to that applied to insured patients. If a patient is subsequently approved for financial assistance, the automatic discount will be reversed so that the full amount can be recognized as a charity allowance.

**PROCEDURE:**

I. **Charity Care/Financial Assistance**

1. **Communicating with Patients and Widely Distributing Information.**

   A. IMH staff and personnel shall refer patients seeking financial assistance to a financial counselor so that a determination of financial assistance eligibility may be made.

   B. IMH will make this Policy, the Financial Assistance Application, and the Plain Language Summary widely available by conspicuously posting them on the ingalls.com web site in a format that will allow individuals to access, download, view and print a hard copy of the documents (i) without requiring special computer hardware or software, (ii) without charge, and (iii) without the need to create an account or provide any information. IMH will provide individuals who ask how to access a copy of this Policy, the financial assistance application, and the Plain Language Summary online with the direct Web site address, or URL, of the Web
page where the documents are posted. In addition, IMH will make paper copies of this Policy, Financial Assistance Application, and Plain Language Summary available upon request and without charge, both by mail and in public locations listed on Attachment Two; will notify and inform members of the community served by IMH about this Policy in a manner reasonably calculated to reach those members who are most likely to require financial assistance from IMH. In addition to providing this Policy, IMH will notify and inform individuals who receive care from IMH about this Policy by (1) offering a paper copy of the Plain Language Summary to patients as part of the intake or discharge process; (2) including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Policy including the telephone number of IMH Patient Financial Services Department, which can provide information about this Policy and the financial assistance application process, as well as the direct Web site address (or URL) where copies of this Policy, the financial assistance application, and the Plain Language Summary may be obtained; and (3) setting up conspicuous public displays (or other measures reasonably calculated to attract patients’ attention) that notify and inform patients about this Policy in public locations in the IMH emergency rooms, the Family Care Center and Urgent Aid registration areas.

C. This Policy, the financial assistance application, and the Plain Language Summary will be available in Spanish, which has been determined by IMH to comply with the federal law that governs the publication of this information. IMH may also make available translation services necessary to complete the financial assistance application.

D. The contact information and location to obtain a financial assistance application and the Plain Language Summary are identified on Attachment Two.

2. Eligibility Criteria and IMH Review and Notification.

A. There are three ways a patient may be deemed to have financial need eligible for financial assistance: (i) by a determination that the patient's Family Income is below certain federal poverty guidelines ("Income Based Discount"); (ii) by a determination that the patient's emergency or other medically necessary care expenses exceed a certain percentage of the patient's annual Family Income ("Medical Indigency Discount"); or (iii) if IMH learns of certain patient circumstances that by their nature indicate the patient is indigent ("Presumptive Eligibility"). The financial assistance eligibility criteria, which are attached to this Policy, are reviewed by the Finance Department each year.

Special Circumstances: IMH understands that special circumstances may exist in a patient’s life that create financial hardship or other financial challenges for a patient to pay for the portion of emergency or other medically necessary care remaining after the application of the 70% Income Based Discount or a Medical Indigency Discount. IMH’s application form includes a request for information about the patient’s assets, liabilities, and expenses. IMH will consider these assets, liabilities, and expenses, and will identify whether special circumstances exist that would justify the provision of a higher discount to a patient than the patient is otherwise entitled to receive.

B. To be considered for the Income Based Discount or the Medical Indigency Discount, a patient must complete and submit an application form together with the
IMH will use the information it receives from the patient for the Income Based Discount and the Medical Indigency Discount to promptly and reasonably determine if the patient qualifies for the discount. IMH will use the information it receives from other sources listed in Section 9 to promptly and reasonably determine if the patient qualifies for the Presumptive Eligibility Discount. IMH will respond to the patient’s application in writing within 30 days of the date the patient submits a completed application. If the patient (or other individual responsible for paying the patient’s bills (the “Patient Guarantor”)) has paid more than the balance due after IMH’s application of the Income Based Discount and the Medical Indigency Discount, IMH will refund the individual for the amount paid that exceeds the amount due after application of the discount unless such excess amount is less than $5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

C. If IMH determines an individual is entitled to financial assistance, the following will apply:

1. If the patient is determined to be eligible for the 70% Income Based Discount, then IMH will provide the individual with a response letter and billing statement that states the amount the individual owes for the care, how that amount was determined, and that either states or describes how the individual can get information regarding the AGB (defined below) for the care.

2. IMH will refund to the individual any amount he or she has paid for the care that exceeds the amount due after applying the discount, unless such excess amount is less than $5.

3. If the patient has been sent to a collection agency, then IMH will notify the collection agency of the discount, require the collection agency to lower the Patient Balance Due, and if no Patient Balance Due remains, will remove the patient from the collection agency.

3. Basis for Calculating Amounts Charged to Patients.

The basis for all IMH charges to patients and insurers is its charge master rates (“Gross Charges”). Charges are further limited by the limitation on charges rules to the extent required by Section 12 of this Policy.

- If a patient has no insurance or other source of coverage, then the patient’s Gross Charges is the “Patient Balance Due,” which is subject to the discount to which the financial assistance eligible patient qualifies.

- If a patient has insurance or another source of coverage, then the Gross Charges are submitted to any payers identified by the patient. Payers include private payers (e.g., health insurance companies, workers’ compensation insurers, liability insurers), government payers (e.g., Medicare, Medicaid), and any other third party who is legally obligated to pay for the patient’s Health Care Services. The discounts below apply to the amount that remains after all payers have paid and any negotiated third party discounts are applied (this amount is referred to as the “Patient Balance Due”). For example, assume a patient has private insurance that
includes a 40% co-pay. The patient received medically necessary care resulting in Gross Charges of $100,000. The insurer has a negotiated rate with IMH that reduces the Gross Charges to $60,000, and then pays its 60%, which is $36,000. This leaves a Patient Balance Due of $24,000 for the patient. This balance could have resulted from a deductible, coinsurance, or co-pay. In this example, assume the patient receives a 70% Income Based Discount. The patient is responsible for 25% of the Patient Balance Due, or $6,000, potentially further reduced by the limitations on charges described in Section 12 of this Policy.

4. **Income Based Discount.**

   A. For each patient who applies for financial assistance and who has Family Income of not more than 600% of the federal poverty income guidelines, IMH will provide an Income Based Discount off of that patient's Patient Balance Due for all emergency and other medically necessary care in any one inpatient admission or outpatient encounter. For patients whose Family Income is 200% of the federal poverty income guidelines or less, the discount will be 100% of the total Patient Balance Due for all emergency and other medically necessary care; for patients whose Family Income is 201% to 600%, this discount will be 70% of the total Patient Balance Due for all emergency and other medical necessary care. The Income Based Discounts, which are attached to this Policy as Attachment One, are reviewed by the Finance Department each year.

   B. Once approved for Financial Assistance, the Income Based Discount will be applied (a) to all of the patient’s prior outstanding Patient Balance Due amounts for emergency and other medically necessary care regardless of when charges were incurred (even before the patient submitted the application), and (b) to all Patient Balance Due amounts for emergency and other medically necessary services provided for one year from the date the financial assistance is approved (“Future Bills”).

   However, if the patient updates his or her information and based upon the revised information the patient no longer qualifies for this Income Based Discount, then the patient’s eligibility for the discount will end and the Future Bills will not be discounted.

   A patient who receives the Income Based Discount may re-apply at any time to extend the discount longer than one year. A patient who receives a 70% discount may re-apply or submit additional information at any time to seek a higher discount.

5. **Medical Indigency Discount.**

   A patient is not required to pay more than 20% of his/her Family Income for all emergency and other medically necessary care provided by IMH in a 12-month period. The Medical Indigency Discount applies to any patient whose Patient Balance Due for emergency and other medically necessary services exceeds 20% of his/her Adjusted Gross Income in the year that the patient received care.

   A patient who notifies IMH that this Patient Balance Due exceeds 20% of his/her Adjusted Gross Income must complete the financial assistance application. If the application demonstrates that the total outstanding Patient Balance Due for all emergency and other medically necessary care exceeds 20% of the patient’s Adjusted Gross Income, then the
amount that exceeds the 20% will be discounted to zero. The Medical Indigency Discount applies for all emergency and other medically necessary services starting with the first episode of services for which the patient seeks the discount. The discount continues for one year after the start date. For IMH to determine the 12 month maximum amount that can be collected from a patient deemed eligible under this Section 5, the patient must inform IMH in subsequent inpatient admissions or outpatient encounters that the patient has previously been determined to be entitled to the Medical Indigency Discount. See Attachment One for an example of the Medical Indigency Discount.

6. **Applicability of Different Discounts.**

   A. No patient may qualify for both the Income Based Discount and the Medical Indigency Discount. Rather, IMH will provide to the qualifying patient the better of the two discounts applied to the patient's emergency and other medically necessary care.

   B. If a patient qualifies for any other assistance approved by the Finance Department and the patient qualifies for the Income Based Discount or Medical Indigency Discount, the patient will receive the better of the two discount amounts, and the discount will be considered financial assistance under this Policy.

7. **Patient Responsibilities and IMH Review of the Application.**

   A. Patients have an obligation to complete and submit to IMH Patient Financial Services the Financial Assistance Application and the documentation listed on the application so that IMH can make a determination of a patient's eligibility for financial assistance. If a patient claims he/she has no means to pay but fails to provide complete and accurate information reasonably requested by IMH, then unless IMH makes a Presumptive Eligibility determination, there will be no financial assistance extended and normal billing and collection efforts will be pursued.

   B. Any patient seeking assistance under this Policy must first apply for coverage under public programs, such as Medicare, Medicaid, AllKids, the State Children's Health Insurance Program, or any other program, if IMH has a reasonable basis to believe that the Uninsured Patient may be eligible for such program.

   C. While IMH encourages patients to apply for financial assistance as early as possible, a patient may request consideration at any time after he/she has accrued an outstanding balance; IMH will evaluate a patient's eligibility under this Policy up to and including consideration during the collections phase. In the event a patient does not initially qualify for any financial assistance, the patient may re-apply by showing of change in circumstances or providing additional documentation.

   D. A patient requesting financial assistance under this Policy must complete the financial assistance application, and drop off or mail the completed application and the following documentation and information to the Patient Financial Services Department at the address provided on the application:

     (1) Provide documentation of Family Income. Acceptable Family Income documentation will include any one or more of the following:

     - a copy of the most recent tax return;
Hospital Manual
Section: Finance
Document Title: Patient Financial Assistance, Discounts, and Collections Policy

- a copy of the most recent W-2 forms and 1099 forms;
- copies of the 2 most recent pay stubs; or
- written income verification from an employer if paid in cash.

If a patient is not able to provide any of the documents listed here, IMH will work with the patient to determine if there is an acceptable other means of documenting Family Income.

(2) Certify the existence of assets owned by the patient and provide documentation of the value of such assets. If no third party verification exists, then the patient shall certify as to the estimated value of the asset.

E. If a patient submits an incomplete application, IMH will explain to the patient the items missing and how to complete the application, and will provide the patient 30 days to complete the application.

F. IMH may not deny financial assistance under this Policy based on the applicant's failure to provide information or documentation that is not listed in this Policy or the financial assistance application. IMH will refrain from basing its determination that an individual is not entitled to financial assistance on (a) information that it reasonably believes is unreliable or incorrect, or (b) a waiver signed by the individual (e.g., a statement that the individual does not wish to apply for financial assistance or receive information is IMH is required to provide under this Policy). IMH will not use duress or coercive practices to obtain information from an individual, including delaying or denying emergency medical care until the individual provides information requested to determine whether he/she is eligible for financial assistance.

G. If a patient's financial circumstances change significantly while receiving assistance under this Policy, the patient is required to notify IMH of such change in circumstances.

8. Uncooperative Patients.

A. IMH's obligations toward an individual patient under this Policy shall cease if that patient unreasonably fails or refuses to provide IMH with this information or documentation, provides IMH with false information or documentation, or fails to apply for coverage under public programs when requested hereunder within 30 days of IMH's request to so apply.

B. IMH may follow the Presumptive Eligibility process in Section 9 for a patient who does not comply with one or more of the patient responsibilities.


If a patient does not complete a financial assistance application nor provide all documents required, the patient may be eligible for a Presumptive Eligibility Discount of 100% of the total Patient Balance Due. IMH has developed and implemented presumptive eligibility criteria by which a patient's financial need is determined based upon information other than the financial assistance application (an “Indigent Patient”). The information listed below will be obtained by IMH through sources other than a patient’s submission of a
completed financial assistance application, including, for example, information in the medical record, patient registration record, or the billing account record, and third party screening services.

A. If IMH learns any one or more of the following about the patient, then the Indigent Patient will receive a 100% discount of the total Patient Balance Due that exists as of the time of the determination. The Presumptive Eligibility Discount will apply to all emergency and other medically necessary care provided for one year from the date of the determination. IMH will use the contact information it has for the patient to send a notification of the Presumptive Eligibility Discount.

1) Homelessness;
2) Deceased with no estate;
3) Mental incapacitation with no one to act on patient's behalf;
4) Medicaid eligibility, but not on date of service or for non-covered service;
5) Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
   A) Women, Infants and Children Nutrition Program (WIC);
   B) Supplemental Nutrition Assistance Program (SNAP);
   C) Illinois Free Lunch and Breakfast Program;
   D) Low Income Home Energy Assistance Program (LIHEAP);
   E) Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
   F) Receipt of grant assistance for medical services.

10. List of Providers Covered and Not Covered by This Policy.

This Policy applies to emergency and other medically necessary care provided to IMH inpatients and outpatients at IMH, Ingalls Family Care Center Flossmoor, Ingalls Family Care Center Tinley Park, Ingalls Family Care Center Calumet City, Ingalls Care Center Crestwood, Ingalls Home Care, Ingalls Rehabilitation Unit, and Ingalls Same Day Surgery Center, Ltd. Exhibit #1 of this policy lists all providers delivering emergency and other medically necessary care whose services are covered as part of this policy. Exhibit #2 lists those providers whose services are not covered as part of this policy. None of the providers listed on the attached exhibits are employees or agents of the Hospital but are independent medical practitioners who have been permitted to use Ingalls for the care of treatment of their patients. Your physicians will bill your separately for their services. You have the right to choose your physician and the right to change physicians at any time.
This Policy does not apply to services that fall outside the definition of emergency and other medically necessary care, to services provided to non-patients, such as the Ingalls pharmacy or third party lab clients.

11. **Amounts Generally Billed and Limitation on Charges.**

Patients eligible for financial assistance under this Policy will not be charged more than the Amount Generally Billed, or “AGB.” AGB is intended to represent the average amount generally paid by health insurers for services provided by IMH. To determine AGB, IMH calculates a percentage that is applied to the Gross Charges for a patient’s care. An explanation of the calculation of the Amount Generally Billed is on Attachment One, which will be updated annually. No patient who is eligible for financial assistance under this Policy will be billed or required to pay more than the Amount Generally Billed. Under no circumstances will IMH charge patients who are eligible for financial assistance more than the Gross Charges for the care.

IMH only issues to patients who are eligible for financial assistance bills with charges that are more than AGB for emergency or other medically necessary care (or gross charges for any medical care covered under this Policy) under the following circumstances:

1. The charge in excess of AGB was not made or requested as a pre-condition of providing medically necessary care to an individual who was entitled to financial assistance; and

2. As of the time of the charge, the individual has not submitted a complete financial assistance application to obtain financial assistance for the care or has not otherwise been determined to be eligible for financial assistance for the care. If the individual subsequently submits a complete financial assistance application and is determined to be eligible for financial assistance for the care, IMH will refund any amount the Patient Guarantor has paid for the care that exceeds the Patient Balance Due after the application of the discount unless such excess amount is less than $5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

The limitation of the amount billed to AGB (where applicable) is separate from the discounts applied under this Policy. Discounts are applied to the Patient Balance Due, and a patient who is eligible for financial assistance will be billed for emergency and other medically necessary services at the lesser of the AGB or the discounted Patient Balance Due under this Policy.

12. **Billing Statements.**

Once it is determined that a patient is eligible for financial assistance, IMH will issue a new bill that reflects the application of the discount and the new balance due, if any.

**II. Collection Practices**

1. **Extraordinary Collection Activities.**

IMH does not engage in extraordinary collection activities (“ECAs”). To the extent IMH sends a patient to a collection agency, it does so in a manner that does not constitute an ECA.
2. **Use of Collection Agencies.**

IMH will bill and, if necessary, pursue collection activities against the patient. The practices below will apply to the patient.

A. IMH will issue four bills to the patient, at least 30 days apart. Once 35 days have passed after the fourth bill (for a total of at least 125 days), IMH may submit a patient’s outstanding bill(s) to a collection agency that IMH has under contract unless the patient has established a payment plan. Patients who are current on IMH approved payment plans will not be sent to a collection agency. All collection agencies will be required to follow this Policy.

B. If a patient is receiving financial assistance for one account, the patient may seek financial assistance for other accounts not already subject to this Policy. If a patient’s discounted Patient Balance Due is placed with a collection agency as permitted by this Policy, IMH will coordinate with the agency to inform it of the discount.

C. While the financial assistance application is pending review, IMH will not send the patient’s Patient Balance Due to a collection agency.

### III. Governance Procedures

1. **Financial Assistance Review.**

   The Chief Financial Officer or his/her designee(s) will review the financial assistance program on a regular basis, but at least annually.

### IV. Alternative Discount

IMH offers the following discount to patients who have not applied for financial assistance or have not been determined to be eligible for the Presumptive Eligibility Discount. This discount does not constitute Financial Assistance/ Charity Care under this Policy.

Any patient who pays for his or her medical services without the use of insurance (called “Self Pay”) will receive a 20% discount on all charges incurred. This is not a substitute for financial assistance; the intent is to offer a discount to patients who would not qualify for financial assistance and who do not have insurance or chose not to use insurance.

An (a) Underinsured Patient who has received care that was not covered by the patient’s insurance or (b) Uninsured Patient will receive a 20% discount if the patient cannot demonstrate he/she qualifies for financial assistance, unless an exception below applies. This 20% discount will be posted at point of billing. This discount does not apply to special "package priced" services (e.g. cosmetic packages). If an Uninsured Patient requests and is approved for public aid, the 20% uninsured discount will not apply and will be reversed. If the Uninsured Patient or Underinsured Patient requests and is approved for a financial assistance discount under Section I of this Policy, this discount described in Section IV of this Policy will not apply and the financial assistance discount in Section I will apply.

For more information, please contact Patient Financial Services.

In addition, IMH sponsors free health care programs for members of its community as well as the global community, and may determine that the charges for those individuals will be foregone. The
community may be based on geography (e.g., the South Side community), class of individuals (high school students in underserved school districts), medical condition (the retinopathy program), public health needs (H1N1 vaccinations), or any other category established by IMH leadership. These services do not constitute Financial Assistance/Charity Care under this Policy.

INTERPRETATION, IMPLEMENTATION, AND REVISION: The Finance Department with the advice of the Office of Legal Affairs shall be responsible for the interpretation of this Policy. The Finance Department shall be responsible for the implementation of this Policy. The CCHD Board of Director's Government and Community Affairs Subcommittee has the authority to revise this Policy.

CROSS REFERENCE:
Policy A04-05 Emergency Care of Ill or Injured Persons
Policy PC 08 Emergency Medical Screening
Policy A02-12 Patient Access Management Policy

REFERENCES:
26 U.S.C. Section 501(r) and implementing regulations found at 26 C.F.R. Section 1.501(r)
The Fair Patient Billing Act, 210 ILCS 88 et. seq. and implementing regulations at 77 Ill. Admin, Code Section 4500 et. seq.
Hospital Uninsured Patient Discount Act, 210 ILCS Section 89 et. seq.

_______________________________
Kurt E. Johnson, President

Attachment One

Physician Services

Physician services are provided at IMH by the IMH medical staff, which is comprised of hospital-based physicians, contracted physicians, independent physicians and employed physicians at Ingalls Physician Group.

Income Based Discount Eligibility Criteria and Discount
Updated with the 2016 HHS Limits

Beginning 1-25-2016, the patient is eligible for the following discount if he/she submits a complete financial assistance application.

<table>
<thead>
<tr>
<th>Family Unit Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Guidelines</td>
<td>$11,880</td>
<td>$16,020</td>
<td>$21,160</td>
<td>$24,300</td>
<td>$28,440</td>
<td>$32,580</td>
<td>$36,730</td>
<td>$40,890</td>
</tr>
<tr>
<td>First Discount: 0 to 200% of poverty guidelines or less If a patient's Family Income is this amount or less, the patient will receive a discount of 100% of</td>
<td>$23,760</td>
<td>$32,040</td>
<td>$40,320</td>
<td>$48,600</td>
<td>$56,880</td>
<td>$65,160</td>
<td>$73,460</td>
<td>$81,780</td>
</tr>
</tbody>
</table>
Second Discount: Over 200% and under 600% of poverty guidelines

<table>
<thead>
<tr>
<th>Amount or less than</th>
<th>his/her Patient Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between $23,760 and $71,280</td>
<td>Between $32,040 and $96,120</td>
</tr>
</tbody>
</table>

*For families/households with more than 8 persons, add $4,160 for each additional person.

*Please note: The above information on the 2016 HHS Poverty Guidelines refers to the 48 contiguous states and the District of Columbia. Alaska and Hawaii have separate calculations.

**Medical Indigency Discount Examples**

The Medical Indigency Discount explained in this Policy applies to patients whose Patient Balance Due amounts exceed 20% of their Family Income in the year that the patient received the care.

Example: A patient starts a course of treatment on July 15, 2015. Over the year, the patient’s Gross Charges total $250,000. The patient’s insurer has a negotiated agreement with IMH; under the agreement, IMH reduces the $250,000 to $150,000. The patient’s insurer pays 60% of the reduced amount of $150,000, leaving a Patient Balance Due of 40% of $150,000, or $60,000. The patient applies for financial assistance on October 29, 2015.

The patient received bills showing the following Patient Balance Due:

- Bill dated September 1, 2015 reflecting care provided in July of 2015 with a Patient Balance Due of $10,000,
- Bill dated October 1, 2015 reflecting care provided in August of 2015 with a Patient Balance Due of $30,000, and
- Bill dated November 1, 2015 reflecting care provided in September of 2015 with a Patient Balance Due of $20,000.

The patient’s adjusted gross income is $75,000. Twenty percent (20%) of the adjusted gross income of $75,000 is $15,000. The patient’s financial assistance application is reviewed and the patient is determined to be eligible for the Medical Indigency Discount on November 13, 2015. The Medical Indigency Discount twelve month period starts on July 15, 2015 (the first date of service) and applies...
through July 14, 2016; all Patient Due Balances over $15,000 for this patient for services provided through
July 14, 2016 will be discounted to zero. In this example, the patient will be responsible for the September
1, 2015 Patient Balance Due and $5,000 of the October 1, 2015 Patient Balance Due (for a total of
$15,000). The remaining $25,000 of the October 1, 2015 Patient Balance Due and the $20,000 November
1, 2015 Patient Balance Due will be reduced to zero.

**Amounts Generally Billed**

The Amounts Generally Billed is calculated using one year of information ending March 31 of each year,
and the AGB calculated will go into effect on July 1 that same year. The Look Back Method is used to
determine AGB. Patients or members of the public may obtain this summary document at no charge by
contacting the hospital billing office. Amounts Generally Billed is the sum of all amounts of claims that
have been allowed by health insurers divided by the sum of the associated gross charges for those
claims.

\[
AGB \% = \frac{\text{Sum of Claims Allowed Amount}}{\text{Sum of Gross Charges for those claims}}
\]

The Allowed Amount is the total charges less contractual adjustments. Denial adjustments are excluded
from the calculation as denials do not impact allowed amount.

- Includes Medicare fee for service and Commercial payers
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, motor
  vehicle and liability, and worker's compensation.

For the period beginning October 1, 2016, and ending September 30, 2017, the AGB percentage is
70.0%.

**Attachment Two**

**Contact Information to Obtain the IMH Financial Assistance Policy, a Financial Assistance
Application, the Plain Language Summary, and Available Translations and to Apply for Financial Assistance**

**There are 4 Ways to Get the IMH Financial Assistance Policy, a Financial Assistance Application,
the Plain Language Summary, and Spanish Translations:**

1. Patients can go to the Website: www.ingalls.org

   At the Website click on the Patients and Visitors tab and then click on the words
   “Request Financial Assistance” at the bottom right side.

   Or go to: http://www.ingalls.org/financial-assistance#.

2. Patients can go to
   - Ingalls Memorial Hospital, Emergency Room and Admitting office, One Ingalls
     Drive, Harvey, IL 60426
   - Ingalls Family Care Center Flossmoor, 19550 Governors Highway, Flossmoor,
     IL 60422
   - Ingalls Family Care Center Tinley Park, 6701 West 159th Street, Tinley Park, IL
     60477
3. Patients can call and ask for an application and it will be mailed at no charge. For information regarding our Financial Assistance Program and Financial Assistance Application Form, please contact a Financial Counselor located near the Main Lobby in our main facility at One Ingalls Drive, Harvey, IL 60426 or call 708-915-6000.

4. Patients can also write to one of these places and an application will be mailed at no charge:

   - The Ingalls Memorial Hospital
     P.O. Box 27685, Chicago, IL 60673

   - Primary Healthcare Associates, S.C.
     71 West 156th Street, Suite 500, Harvey, IL 60426

To apply for financial assistance, complete the application and mail it to:

or drop it off at:

   The Ingalls Memorial Hospital
   Patient Financial Services Department
   One Ingalls Drive, Harvey, Illinois 60426

Also, for more information or help with the application process, patients can call Patient Financial Services at 708-915-6000 or can send a letter to:

   The Ingalls Memorial Hospital
   Patient Financial Services Department
   P.O. Box 27685, Chicago, Illinois 60673

For the IMH Financial Assistance Policy, a Financial Assistance Application, and the Plain Language Summary in Spanish or other certain languages call (708)915-6000.

Para la Póliza de Asistencia Financiera de Ingalls, una Aplicación para Asistencia Financiera, y el Resumen en Pleno Lenguaje (en español) o en otros ciertos idiomas, llame al (708)915-6000.

Exhibits #1 and #2 containing the lists of covered and non-covered providers are available as separate documents online at www.ingalls.org. Free paper copies of these exhibits are also available upon request in the emergency department and registration areas and by mail or by calling 708-915-6000.