

# Kirby Medical Center

## Kirby Financial Assistance Program

### Our Mission Statement

Kirby Medical Center is committed to providing quality and compassionate care to all.

Kirby Medical Center (KMC) understands that not all people are able to pay their hospital bills due to a variety of financial reasons. As part of our mission statement and not-for-profit purpose, KMC offers the “Kirby Financial Assistance Program” to assist people who cannot pay their hospital bill, by providing discounted or free financial assistance. The following bullet-points summarize how the program works.

1. Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: First an individual must apply for Medicaid or the Health Insurance Exchange Program. Once you have met this requirement completing this application will help Kirby Medical Center determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.
2. Kirby Medical Center’s primary method of determining eligibility for financial assistance is through completion of the Financial Assistance Application. This is calculated after insurance has processed.
3. Individuals/families may be eligible for some type of assistance from Kirby Financial when the amount of their individual/family income and assets are equal to or less than the guidelines established below. Applicants will be asked to supply documentation supporting their reported income and other cash or investment assets. Equity in the applicant’s home and automobile will not be considered in the eligibility calculation. For 2019, the maximum income guidelines considered for Kirby Financial Assistance Program are outlined below:

### 2019 Federal Poverty Guidelines (FPG)

| Family Size                            | 100% FPG | 300% FPG  | 500% FPG  |
|--|----------|-----------|-----------|
| 1                                      | \$12,490 | \$37,470  | \$62,450  |
| 2                                      | \$16,910 | \$50,730  | \$84,550  |
| 3                                      | \$21,330 | \$63,990  | \$106,650 |
| 4                                      | \$25,750 | \$77,250  | \$128,750 |
| 5                                      | \$30,170 | \$90,510  | \$150,850 |
| 6                                      | \$34,590 | \$103,770 | \$172,950 |
| 7                                      | \$39,010 | \$117,030 | \$195,050 |
| 8                                      | \$43,430 | \$130,290 | \$217,150 |
| For each additional family member, add | \$4,420  | \$13,260  | \$22,100  |

4. Please provide the following information for each applicable family member:
  - a. Copy of most recent Federal tax return (1040) –Include all pages
  - b. Copy of the most recent W2's
  - c. Copy of three months' pay stubs for all employed family members or self-employment income and expenses
  - d. Copy of three months' checking and/or savings bank statements
  - e. If applicable, copy of Social Security Disability Award letter
  - f. If applicable, copy of Unemployment Statement or Workers' Compensation Award

g. Other income/asset sources (i.e. child support, alimony, pension, stocks, bonds, mutual funds, CD, other retirement income, cash and/or letter from employer - if paid in cash, etc.)

5. IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs.
6. Please complete this form and submit it to the hospital in person, by mail, or by fax. An individual has 240 days from date the first post-discharge billing statement is sent to the patient to apply for Kirby's Financial Assistance Program.
7. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

Once the application process is deemed complete, eligibility for the Kirby Financial Assistance Program will be completed within 15 working days of receipt of the completed application. Applicants will be notified of any reason for a delay in this determination.

Applications for discounted or free care are approved on a case-by-case basis. Upon approval, financial assistance eligibility applies to all episodes of care within eight months before and six months after the date a complete Financial Assistance Application is submitted. All accounts with a status of bad debt within the eligibility period will shift from bad debt to charity care.

For those individuals that are not approved for Kirby Financial Assistance, they may appeal the decision to Kirby's Director of Patient Financial Services.

To set up an appointment with a financial counsellor, ask questions, or receive assistance with completing an application, contact a patient financial counselor at (217) 762-1540 or in the Patient Financial Services office at 1000 Medical Center Drive, Monticello, IL 61856.

Thank you for helping us continue our "Tradition of Caring!"