

## PLAIN LANGUAGE SUMMARY OF KIRBY'S FINANCIAL ASSISTANCE PROGRAM

Kirby Medical Center offers financial assistance to eligible individuals.

Financial assistance is based on comparing a household's income and assets to Federal Poverty Guidelines (FPG). All medically necessary services qualify for financial assistance for patients receiving care at our facilities.

To qualify for financial assistance, an individual must first apply for Medicaid or the Health Insurance Exchange Program.

An individual qualifies for a 100% discount if:

- Household income is less than 200% of FPG; or
- The individual qualifies for a government program for low-income individuals, such as WIC, reduced lunch, food stamps, or low-income subsidized housing.

An individual qualifies for partial financial assistance if:

- Household income is between 200% and 500% of FPG. The discount is calculated based on the following formula.

$$\frac{(5.0 \times \text{FPG}) - \text{Household Income} - (\text{Assets} - \$2,000)}{(5.0 \times \text{FPG}) - (1.5 \times \text{FPG})}$$

If an individual qualifies for financial assistance at Carle Hospital, they qualify for the same level of discount at Kirby Medical Center.

To apply for financial assistance, complete and submit a Financial Assistance Application. Copies of the Kirby Financial Assistance Program, Financial Assistance Application, Plain Language Summary, and Private Pay Balance Policy can be obtained by mail, or in person or free of charge on our website at:

<https://www.kirbyhealth.org/documents/content/Kirby-Financial-Assistance-Program.pdf>

[https://www.kirbyhealth.org/documents/content/Kirby-Medical-Center-FA-App-2024\[1\].pdf](https://www.kirbyhealth.org/documents/content/Kirby-Medical-Center-FA-App-2024[1].pdf)

<https://www.kirbyhealth.org/patients-visitors/insurance-financial-assistance/>

[https://www.kirbyhealth.org/documents/content/Private-Pay-Balances-Policy\[1\].pdf](https://www.kirbyhealth.org/documents/content/Private-Pay-Balances-Policy[1].pdf)

Submit a request by writing to the Patient Financial Services department at:

Kirby Medical Center  
c/o Patient Financial Services  
1000 Medical Center Drive  
Monticello, IL 61856

An individual who qualifies for financial assistance under this policy will not be charged more for an episode of emergency medical care or other medically necessary care than the amount generally billed to individuals who have insurance covering such care.

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.