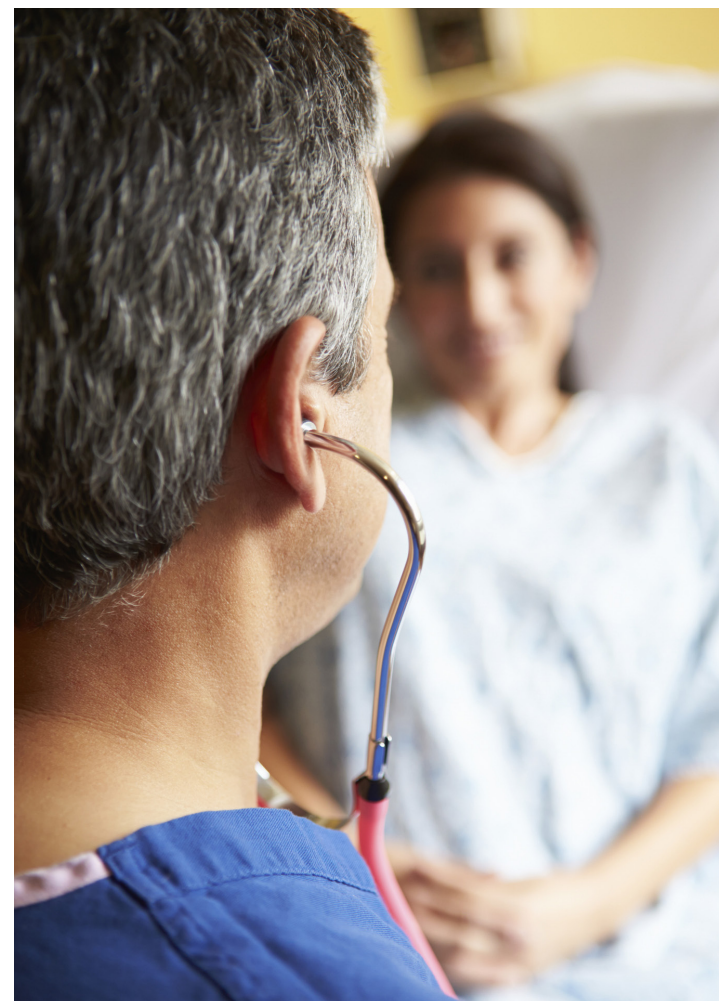


Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.



HSHS **St. Elizabeth's**
St. Anthony's
St. Joseph's Breese
St. Joseph's Highland

Patient Accounts Department
ATTN: Financial Assistance Program
211 South Third Street
Belleville, IL 62220
Toll-free: 888/317-1202
Local: 618/234-8600

Financial Assistance Program

Assistance for persons unable to pay co-pays or deductibles or for medical services
Effective January 2016

HSHS **St. Elizabeth's**
St. Anthony's
St. Joseph's Breese
St. Joseph's Highland

Financial assistance based on the ability to pay

At Hospital Sisters Health System (HSHS), our mission is caring for all people. High quality care is our commitment — regardless of ability to pay, race, color, creed, sex, national origin or ancestry.

Because our resources are limited, we must set guidelines. These guidelines help us to assist patients who are least able to pay. They do not prevent anyone from seeking medical treatment.

To qualify for assistance

- Complete an application form (we can help you complete the form if needed);
- Provide documentation of income;
- Provide a statement of assets (what you own);
- Provide evidence that you have explored all other means of assistance, including private and public aid when appropriate.

These guidelines are effective January 2016, and are subject to change without notice.

For more information

For more information, Financial Assistance Program guidelines or an application, please

Write to Your Hospital's Business Office:

Patient Accounts Department
ATTN: Financial Assistance Program
211 South Third Street
Belleville, IL 62220

OR Contact a Representative:

Local: 618/234-8600
Toll Free: 888/317-1202

OR Visit Your Hospital's Website:

Income Guidelines

January through December 2016

Based on gross family income shown below as a percentage of 2016 Federal Poverty guidelines.

Family Size	Federal Poverty Level (FPL) 2016	200% FPL	300% FPL	400% FPL	500% FPL	600% FPL
1	\$11,880	\$23,760	\$35,640	\$47,520	\$59,400	\$71,280
2	16,020	32,040	48,060	64,080	80,100	96,120
3	20,160	40,320	60,480	80,640	100,800	120,960
4	24,300	48,600	72,900	97,200	121,500	145,800
5	28,440	56,880	85,320	113,760	142,200	170,640
6	32,580	65,160	97,740	130,320	162,900	195,480
7	36,730	73,460	110,190	146,920	183,650	220,380
8	40,890	81,780	122,670	163,560	204,450	245,340
9	45,050	90,100	135,150	180,200	225,250	270,300
10	49,210	98,420	147,630	196,840	246,050	295,260

Applicable Discount

If income is less than 200%, patient receives 100% discount.

If income is between 200-300%, patient receives 85% discount.

If income is between 300-400%, patient receives 75% discount.

If income is between 400-500%, patient receives 65% discount.

If income is between 500-600%, patient receives 55% discount.

Your annual (12-month period) maximum out-of-pocket responsibility can be no more than 25% of your gross annual income, as verified by the Business Office.

HSHS St. Anthony's Memorial Hospital

www.stanthonyshospital.org

503 North Maple Street
Effingham, IL 62401

HSHS St. Elizabeth's Hospital

www.steliz.org

211 South 3rd Street
Belleville, IL 62220

HSHS St. Joseph's Hospital

www.stjoebreese.com

9515 Holy Cross Lane
Breese, IL 62230

HSHS St. Joseph's Hospital

www.stjosephshighland.org

12866 Troxler Avenue
Highland, IL 62249