## **Financial Assistance**

# **Getting Help to Pay Your Bill**

This information is for anyone who receives services from an AdventHealth facility or an affiliated health care provider. You can view a list of AdventHealth facilities at www.AdventHealth.com. As a faith-based hospital system, we provide medical care to all patients, including those who have difficulty paying for services due to limited income. You can ask for help with your bill at any time during your hospital stay or billing process.

#### Qualifying for Help

If you receive emergency or medically necessary services and are insured or uninsured, you may qualify for financial assistance. The amount of assistance depends on your annual income and family size. If your annual income is equal to or less than 250% of the current Federal Poverty Guidelines (FPG) you may qualify for 100% financial assistance.

2025 Federal Poverty Guidelines			
Household Size	250% of Poverty	400% of Poverty	600% of Poverty
1	\$39,125	\$62,600	\$93,900
2	\$52,875	\$84,600	\$126,900
3	\$66,625	\$106,600	\$159,900
4	\$80,375	\$128,600	\$192,900

If your income does not meet the guidelines above to have your entire bill paid, you may still qualify for partial charity if you are within 251-400% of the current FPG. You may also qualify based on other factors in your application. Uninsured patients seen within our Illinois region who fall between 401-600% of the FPG may be eligible for assistance.

#### Applying for Help

You can apply for help with your bill in person, by mail, through our online patient portal, or request an application packet over the phone. To receive an application, call our Customer Service department at 855-241-2455 (855-AH1-BILL), visit our website at FinancialHelp.AdventHealth.com or go to the patient registration area at one of our hospitals. Our phone number, website, and address are located on the financial assistance section of our website and on the first page of this document when printed. This information is also available in other languages on our website or at the patient registration area.

## **Emergency and Medically-Necessary Care**

If you qualify for help with your bill, you will not be charged more for emergency or medically necessary care than patients who have insurance coverage. We compare the amount paid by insured patients and their insurance companies to determine how much you owe. You can view our financial assistance policy on our website.

### Supporting Documents

If you want to take part in our financial assistance program, you will be responsible for providing information and paperwork in a timely way. You will need to share all of the information about your health benefits, income, assets, and anything else that will help us determine whether you qualify for assistance. Paperwork might include bank statements, income tax forms, and check stubs.

#### Collection Activities

Bills that are not paid 120 days after the first billing date may be subject to assignment to a collections agency. You or the guarantor can apply for help with your bill at any time during the collection process (within 240 days from the first statement date) by completing an application.



English









