

Plain Language Summary of the Financial Assistance Policy

It is the policy of NorthShore University HealthSystem (NorthShore) to provide financial assistance to patients in need. NorthShore will extend emergency and medically necessary services at no cost, or at a reduced amount, to an individual who is eligible under the Financial Assistance Policy (FAP) criteria. FAP eligible patients will not be billed more for medically necessary care than the amounts generally billed (AGB) to patients who have insurance.

Eligibility for financial assistance is based on a review of income, family size, and the Federal Poverty Level (FPL). The FPL varies with the size of the family and is updated annually.

The table below provides a summary of the financial assistance eligibility criteria. Additional information on the financial assistance and presumptive eligibility criteria can be found in the FAP.

Financial Assistance	Available To	FPL	Description	How to Apply
Free Care	Uninsured and Insured Patients	0% - 200%	Based on presumptive eligibility or family size and income (FPL)	Demonstrate presumptive eligibility or complete application
Discount on Sliding Scale	Uninsured and Insured Patients	201% - 400%	Based on family size and income (FPL)	Complete application
Discount on Sliding Scale	Uninsured Patients Only	401% - 600%	Based on family size and income (FPL)	Complete application

Financial assistance documents (including the policy, summary, and application) are available on the NorthShore website at www.northshore.org/about-us/billing/financial-assistance or www.swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance or www.nch.org/billing-insurance/financial-assistance/ and free paper copies are available in the hospital registration areas. A free copy of these documents can also be requested by mail or by calling the phone number listed below. These documents are also available in Spanish, Russian, Korean, Assyrian, Arabic, Vietnamese, Polish, Mongolian, German, and Japanese.

Unless presumptively eligible, an application should be submitted (along with supporting documentation) by mail to the address listed below or to a hospital financial counselor as soon as possible and no later than 240 days following the first billing statement for care.

Where to submit completed applications:			
Hospital:	Evanston Hospital Glenbrook Hospital Skokie Hospital Highland Park Hospital	Swedish Hospital	Northwest Community Hospital
Mail:	NorthShore University HealthSystem Patient Financial Services P.O. Box 1006, Suite 330 Skokie, IL 60076-9877	Swedish Hospital Financial Service Center 5145 N. California Ave, Chicago, IL 60625	Northwest Community Hospital Patient Services Center Attn: Financial Counseling 800 W. Central Rd. Arlington Heights, IL 60005
Fax:	(847) 982-6957	(773) 878-3838	(847) 618-4549
Need Assistance? We can help.	Call (847) 570-5000 or visit a hospital financial counselor by visiting a hospital central registration desk	Call (773) 989-3841 or visit a hospital financial counselor by visiting the Financial Service Center	Call (847) 618-4542 or meet with a hospital financial counselor by visiting the Patient Services Center