

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 family size and income (FPL)	Complete application
Discount on Sliding Scale	Uninsured Patients Only	401% - 600%	Based on family size and income (FPL); Available to uninsured Illinois residents with total charges of \$300 or greater	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/hospital-financial-assistance-policy 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, and Mongolian.

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.

Submit completed applications by:	Need Assistance? We can help.
<p>Mail: NorthShore University HealthSystem Patient Financial Services P.O. Box 1006, Suite 330 Skokie, IL 60076-9877</p> <p>Fax: (847) 982-6957</p> <p>In Person: Bring to a hospital financial counselor by visiting a hospital central registration desk</p>	<p>Call (847) 570-5000</p> <p>or visit a hospital financial counselor by visiting a hospital central registration desk</p>
<p>For Swedish Hospital:</p> <p>Mail: Swedish Hospital Financial Service Center 5145 N. California Ave, Chicago, IL 60625</p> <p>Fax: (773) 878-3838</p> <p>In Person: Bring to a hospital financial counselor by visiting the Financial Service Center</p>	<p>For Swedish Hospital:</p> <p>Call (773) 989-3841</p> <p>or visit a hospital financial counselor by visiting the Financial Service Center</p>