



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL
SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: **FINANCIAL ASISTANCE POLICY**
CoP or AO Standard (if applicable): NOT APPLICABLE

PAGE 1 of 13

Policy:

Pana Community Hospital (PCH) understands that not all patients/families are capable of withstanding the burden of payments for medical services required. PCH thereby recognizes the need to provide financial assistance in a consistent non-discriminating manner.

The Financial Assistance Policy outlines the Eligibility Criteria, Application Methods, Discount Calculation Methods, and Publication Requirements for PCH's Financial Assistance Program.

PCH's Patient Account Representative is responsible for working with applicants in an attempt to assist qualifying individuals for financial assistance programs for which the patient/family might qualify for.

PCH's Financial Assistance Policy complies with Section 501(r) of the Patient Protection and Affordable Care Act of 2010, Illinois Fair Patient Billing Act, and Illinois Hospital Uninsured Discount Act.

Scope:

This policy applies to medically necessary services provided at PCH.

The policy does not apply where third-party liability claims are applicable.

A list of providers not covered under this policy is attached as Exhibit B.

Definitions:

For the purpose of this Policy, the certain terms are defined as follows:

Amount Generally Billed ("AGB"): The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Extraordinary Collection Action ("ECA"): Pursuant to Section 1.501(r)-6 of the Department of Treasury regulations ECA's may include any one of the following actions taken by a hospital facility against an individual related to obtaining payment of a bill for care: (1) actions that require a legal or judicial process, including but not limited to (a) placing a lien on an individual's property, (b) foreclosing on an individual's real property, (c) attaching or seizing an individual's bank account (d) commencing a civil action against an individual, (e) causing an individual's arrest, (f) causing an individual to be subject to a writ of body attachment, and (g) garnishing an individual's wages, (2) reporting of adverse information to consumer credit reporting agencies or credit bureaus, and (3) deferring, denying or requiring payment prior to providing non-emergency medical care due to nonpayment of debt for previously provided care covered under the Policy.

FAA: Financial Assistance Application

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage (including legal common law spouse), or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL
SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: **FINANCIAL ASISTANCE POLICY**

PAGE 2 of 13

CoP or AO Standard (if applicable): NOT APPLICABLE

dependent for purposes of the provision of financial assistance. PCH reserves the right to validate the financial responsibility for any listed family member.

Family Income: Family Income includes wages, salaries, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support and other miscellaneous sources. Family Income is determined on a before-tax basis and excludes capital gains or losses.

FAP: Financial Assistance Policy

FPG: Federal Poverty Guidelines, a measurement of the minimum amount of annual income that is needed for individuals and families to pay for essentials. The guidelines are used to calculate eligibility for Federal and State programs and health system discount amounts.

Medically Necessary Services: Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

Plain Language Summary: A summary of the Financial Assistance Policy that is easy to understand and distributed at intake, discharge, with billing statements, and publicly displayed.

Qualifying Household Assets: Qualifying Household Assets includes all checking account balances, savings account balances, health savings account balances, and non-primary residence real estate held by members of the household.

PCH: Unless otherwise designated, the term PCH will encompass Pana Community Hospital.

Underinsured: The patient has some level of health insurance or third-party assistance but may have out-of-pocket expenses that exceed a patient's ability to pay.

Uninsured: The patient has no level of health insurance or third-party assistance to assist with meeting his/her health care related payment obligations.

PROCEDURE/GUIDELINES

In order to manage our resources responsibly and to allow PCH to provide the appropriate level of financial assistance to persons in need, the following guidelines are established for the provision of financial assistance. Accordingly, the Policy includes the following information regarding financial assistance.

1. Description of the basis for calculating amounts charged to patients eligible for financial assistance under this Policy;
2. Description of the method by which patients may apply for financial assistance;



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL
SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: **FINANCIAL ASISTANCE POLICY**

PAGE 3 of 13

CoP or AO Standard (if applicable): NOT APPLICABLE

3. Description of the information obtained from external or internal data sources, other than the information received directly from the individual seeking financial assistance, that may be used, and under which circumstances a previous determination of a patient's eligibility for financial assistance may be used to presumptively determine that the individual is eligible for financial assistance;
4. Description of how PCH will widely publicize the Policy within the communities served; and
5. Description of the limits on the amounts that a hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the lesser of (1) amounts generally billed or (2) any discount available in accordance with the sliding scale included in this Policy.

A. Eligibility for Financial Assistance

Eligibility for financial assistance will be considered for patients receiving care at PCH who are uninsured, underinsured, ineligible for government programs that would pay for services, or otherwise unable to pay for their care/or have exhausted their benefits for covered services.

The granting of financial assistance will be based on an individualized determination of financial need in accordance with this Policy, and shall not take into account age, gender, race, color, national origin, religion, social or immigrant status, sexual orientation, gender identity, spousal affiliation, physical handicap, or mental handicap.

Participation in the FAP (a) may be contingent upon a patient's willingness to apply for Medicaid or such other public insurance programs that the patient may be eligible for based upon PCH assessment, and (b) requires the patient to fully cooperate with PCH's Application requirements, including the disclosure of personal, financial, or other information necessary for determination of financial need.

When considering Applications, PCH reserves the right to:

1. Consider eligibility for financial assistance at any point before or after service(s) are rendered and/or any time during the billing and collection cycle;
2. Make hardship modifications to any aspect of the Policy; and
3. Utilize externally obtained information from available resources for use in family size and income verification.

Eligibility for the program is based on current Family Income and Qualifying Household Assets and is available to individuals with Family Incomes and Qualifying Household Assets that are less than those shown below:



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL SERVICES
 EFFECTIVE DATE: 09/01/2024
 REVISED DATE: N/A
 PREPARED BY: CH
 APPROVED BY: RCC

TITLE: **FINANCIAL ASISTANCE POLICY**

PAGE 4 of 13

CoP or AO Standard (if applicable): NOT APPLICABLE

Family Income:

Household / Family Size	Maximum annual Household Income for free care (200% of 2024 Federal Poverty Guidelines)	Maximum annual Household Income for 75% discount (300% of 2024 Federal Poverty Guidelines)
1	\$30,120	\$45,180
2	\$40,880	\$61,320
3	\$51,640	\$77,460
4	\$62,400	\$93,600
5	\$73,160	\$109,740
6	\$83,920	\$125,880
For each additional person, add	\$10,760	\$16,140
* 2024 shown for illustrative purpose. Amounts updated annually as necessary.		

Maximum Collectible Amount: The maximum amount PCH will collect in a 12-month period from a patient determined by PCH to be eligible under this section is 20% of the patient’s family income. The 12-month period to which the maximum amount applies shall begin on the first date an uninsured patient receives health care services that are determined to be eligible for the uninsured discount at PCH. To be eligible to have this maximum amount apply to subsequent charges, the uninsured patient shall inform PCH that the patient has previously received health care services from PCH and was approved for the uninsured discount.

Qualifying Household Assets: The maximum amount of Qualifying Household Assets an applicant may have and be eligible for the program is 300% of FPG. Qualifying Household Assets include all checking account balances, savings account balances, health savings account balances, and non-primary residence real estate held by members of the household.

B. Services Eligible Under PCH’s Financial Assistance Policy

For purposes of this Policy, “financial assistance” refers to health care services provided by PCH at discounted amounts to qualifying patients. The following health care services are eligible for financial assistance:

1. Emergency medical services, including patients who present at PCH’s Emergency Department (including transfers under EMTALA), provided in an emergency room setting; and
2. Medically necessary non-emergency medical care services.

Determinations regarding medical necessity are the responsibility of the health care professional providing the care, without regard to the ability to pay by the patient. PCH will not engage in any actions that discourage individuals from seeking emergency medical care.

PCH does not require emergency department patients to pay before receiving treatment for emergency medical conditions nor does PCH permit debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

TITLE: **FINANCIAL ASISTANCE POLICY**
CoP or AO Standard (if applicable): NOT APPLICABLE

PAGE 5 of 13

C. Method for Applying for Financial Assistance

1. Patients are encouraged to apply for financial assistance within ninety (90) days from the date noted on the first “post-discharge” billing statement; however, patients are permitted a minimum of two hundred and forty (240) days to apply and submit an Application. As per Internal Revenue Service guidelines, a billing statement for care is considered “post-discharge” if it is provided to an individual after the patient received care, whether inpatient or outpatient, and the individual has left the hospital.
2. Patients may apply for financial assistance by submitting an Application. In order for PCH to make a determination of eligibility for financial assistance, patients must complete the application and provide all required documentation. Applications may be obtained in the following ways:
 - a. On the PCH website at <https://panahospital.com/patients-and-visitors/patients-and-visitors/profile/financial-assistance>
 - b. By requesting an application at the front desk or by contacting the Patient Account Representative at 217-562-6492.
 - c. Assistance in completing an application can be obtained by contacting a PCH Patient Account Representative.
3. Applicants for financial assistance will be requested to fully cooperate in applying for any public insurance program that PCH believes the applicant may be eligible for.
4. The PCH Financial Assistance Application is attached to this policy as Exhibit A.

Upon receipt of an Application, collection activities, including any and all ECA’s that are in process related to the patient, will be suspended.

If a patient is deemed eligible for financial assistance, an updated billing statement will be provided which will indicate the updated amount owed. Any amounts paid in excess of the amount determined to be owed by a patient will be refunded accordingly.

All decisions on financial assistance eligibility will be made in writing. The notification of denial of financial assistance will explain the reason for the denial.

If an incomplete application is received, the patient will receive written notice that describes the additional information or documentation required to make an eligibility determination for financial assistance. The additional information or documentation is expected to be provided within thirty (30) days of notification. The patient should expect to receive the routine follow up notices for any unpaid bills, however in accordance with Section 1.501(r)-(6) of the Department of Treasury regulations any ECA’s which had been initiated will be suspended until a determination of eligibility for financial assistance is made.

D. Screening Patients for Financial Assistance Eligibility

In accordance with the Illinois Fair Patient Billing Act, uninsured patients will be screened for financial assistance eligibility at the time of registration unless the patient declines or the situation is emergent in nature or would otherwise cause a delay in treatment in which case the screening may occur at the earliest reasonable moment. If a patient declines the FAP screening it will be noted in the patient’s record. Any insured patient may also



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: **FINANCIAL ASISTANCE POLICY**

PAGE 6 of 13

CoP or AO Standard (if applicable): NOT APPLICABLE

request to be screened for financial assistance either before or after services are rendered. Screening for the FAP will be conducted through a secure online financial assistance portal. The portal can be accessed through a patient's personal smart device or with the assistance of a hospital employee.

E. Documentation and Determination of Financial Assistance

To help the patient qualify for financial assistance, the patient or the patient's guarantor may be asked to provide some or all the following documentation:

- a. A Financial Assistance Application;
- b. Prior year's tax return(s);
- c. Minimum of two most recent pay stubs;
- d. Minimum of two most recent bank statements for savings and checking accounts; and
- e. Other proof of income as defined by 'Family Income' listed in the Definitions section of this Policy.

PCH may also request the patient participate in joint efforts to apply for alternative sources of payment for the health care services provided and possibly obtain health care coverage from public and private payment programs.

Approved Financial Assistance discounts can be applied to balances up to 1 year prior to the approval date of the application and will be applied to future balances for 1 year after the approval date.

The need for financial assistance may be re-evaluated at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

F. Presumptive Financial Assistance Eligibility & Information Obtained from other Sources

There are instances when a patient may receive financial assistance discounts without an Application on file. Often there is adequate information provided by the patient or obtained by PCH through other sources, which could provide sufficient evidence to provide the patient with financial assistance.

In such cases, PCH may use outside agencies to estimate gross income in order to determine eligibility or may make a determination based on a patient's enrollment in other assistance programs not related to PCH. Once determined by the financial counselor, due to the inherent nature of the presumptive circumstances, the patient may be eligible for discount on the account balance. If a patient is presumptively determined to be eligible for less than the maximum assistance available under this Policy, PCH will notify the patient, in writing, regarding the basis for the presumptive financial assistance eligibility determination, and how to apply for more additional assistance. Other sources of data used to make a presumptive eligibility decision may include the patient's participation in certain programs or the availability of externally obtained information such as:

1. Temporary Assistance for Needy Families (TANF);
2. Illinois Housing Development Authority's Rental Housing Support Program;
3. Homeless or received care from a homeless clinic;
4. Participation in Women, Infants and Children programs (WIC);



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: **FINANCIAL ASISTANCE POLICY**
CoP or AO Standard (if applicable): NOT APPLICABLE

PAGE 7 of 13

5. Supplement Nutrition Assistance Program (SNAP);
6. Illinois Free Lunch and Breakfast Program;
7. Low Income Home Energy Assistance Program (LIHEAP);
8. Patient is deceased with no known estate;
9. Patients with non-participating out-of-state Medicaid insurance plans;
10. The use of publicly available data sources (i.e. credit reporting agency) that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring).

To facilitate the compilation of documentation for Application processing and/or the financial screening process, PCH may utilize soft credit inquiries that are not visible to creditors (only visible to the patient or responsible party) and have no impact on the patient's credit status or ability to obtain future credit (i.e., FICO score).

Such inquiries may be used to:

1. Reduce the patient's administrative burden (compiling documents); and/or
2. Determine presumptive eligibility for patients, guarantor's and/or the patient's legal representative that do not establish contact with PCH during the billing and collection cycle despite the usual and customary efforts of PCH.

G. Patient Financial Assistance Guidelines

PCH uses the FPG in effect at the time the Application is reviewed, to determine eligibility for financial assistance. PCH will update the FPG, which is published annually by the U.S. Department of Health and Human Services, effective each year by March 1 or thirty (30) days from the date of publication, whichever is later.

Any patient eligible for financial assistance will not be charged more than the AGB. PCH uses the "look back" method to determine Amounts Generally Billed (AGB). The "look back" method is calculated using the previous year's gross charges and payments associated with Medicare and other insurance that PCH participates with. The AGB percentage used for PCH (the Hospital) is 42.0%.

H. Communication of the Financial Assistance Program to Patients and the Public

PCH's Financial Assistance Program will be made available to the public in the following ways:

- a. FAP, application, and plain language summary (FAP Documents) published on the PCH website: <https://panahospital.com/patients-and-visitors/patients-and-visitors/profile/financial-assistance>;
- b. Written notice on patient billing statements about availability of financial assistance under the FAP;
- c. Various displays such as fliers, pamphlets, and posters regarding PCH's FAP will be displayed at intake areas throughout the hospital;
- d. Made available upon request from a patient.



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: *PATEINT FINANCIAL SERVICES*
EFFECTIVE DATE: *09/01/2024*
REVISED DATE: *N/A*
PREPARED BY: *CH*
APPROVED BY: *RCC*

TITLE: *FINANCIAL ASISTANCE POLICY*
CoP or AO Standard (*if applicable*): **NOT APPLICABLE**

PAGE 8 of 13

I. Billing and Collection Policies

Reasonable effort will be made to determine if a patient or responsible party is eligible for PCH's Financial Assistance Program prior to taking any third-party collection efforts.

If a patient does not qualify for a 100% adjustment, and then defaults on paying their calculated obligation, they may be disqualified from the program and reinstatement of the original charges may occur at the discretion of the PCH Administration.

In the event a patient or responsible party does not apply or qualify for financial assistance under this policy, the collection actions PCH may take in the event of nonpayment are more fully described in our Billing and Collection Policy.

If approved for financial assistance, patients/families will be refunded for their payments made on accounts that are within the time frame of approval and have a payment greater than \$5.

PCH reserves the right to alter, amend, modify, or eliminate this policy at any time without prior written notice.



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL SERVICES
 EFFECTIVE DATE: 09/01/2024
 REVISED DATE: N/A
 PREPARED BY: CH
 APPROVED BY: RCC

TITLE: FINANCIAL ASISTANCE POLICY

PAGE 9 of 13

CoP or AO Standard (if applicable): NOT APPLICABLE

Exhibit A: Application for Financial Assistance

 <h2 style="margin: 0;">Pana Community Hospital</h2>	Pana Community Hospital Patient Accounts Department 101 E Ninth Street Pana, IL 62557 217-562-2131
---	--

APPLICATION FOR FINANCIAL ASSISTANCE

For Pana Community Hospital to process your application, all sections must be completed. Along with your application, required documents may include:

- Proof of income for all income sources (previous year's tax return, last two months pay stubs, social security benefit letters, etc.)
- Bank statements (last two months)

SECTION ONE: APPLICANT INFORMATION
 Please complete all of the below information regarding demographics and insurance information.

Applicant Name: _____ Social Security #: _____
LAST NAME FIRST NAME MIDDLE NAME

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

(The following questions regarding race, ethnicity, sex, and preferred language are OPTIONAL, and responses or non-responses will not have any impact on the outcome of the application.)

Race: _____ Ethnicity: _____
 Sex: _____ Preferred Language: _____

SECTION TWO: HOUSEHOLD MEMBERS and INCOME INFORMATION
 Please provide the below information for all immediate family members who live in your home. For application purposes, Family is defined as the applicant, the applicant's spouse, and all of the applicant's children under 18 (natural or adoptive) who live in the applicant's home.

Name	Date of Birth	Relationship to Applicant	Total Gross Monthly Income (All Sources)
(Applicant)		self	

If there is no income, please explain how applicant is supporting themself: _____

Was your service related to a Worker's Compensation claim or motor vehicle accident? Yes / No

SECTION THREE: ASSETS INFORMATION
 Please provide any income and assets that members of your household receive.

Asset Type	Current Balance/Value – Applicant	Current Balance/Value – Spouse/Other
Bank Account - Savings		
Bank Account - Checking		
Health Savings Accounts		
Non-Primary Residence Real Estate		

SECTION FOUR: INSURANCE INFORMATION
 Please provide your health insurance/medical coverage information, if applicable.

Insurance Company Name: _____ Insurance Phone Number: _____
 Group Number: _____ Member ID Number: _____

I certify that the above information is true and accurate to the best of my knowledge. I will apply and take any reasonable action needed to get assistance (Medicaid, Medicare, insurance, etc.) to pay my hospital charges. Financial assistance is a source of last resort. Any other liability or possible payer will be exhausted prior to awarding assistance. I understand that this application is made so that the hospital can see if I am eligible for financial assistance based upon defined criteria.

Signature of Applicant: _____ Date: _____

Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General – (877) 305-5145.
<https://www.illinoisattorneygeneral.gov/consumers/healthcare.html>



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL
SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: *FINANCIAL ASISTANCE POLICY*
CoP or AO Standard (if applicable): NOT APPLICABLE

PAGE 10 of 13

Exhibit B: List of Providers Not Covered by the Financial Assistance Policy

Pathologist Professional Services:

Central Illinois Pathologists
P O Box 5987
Carol Stream, IL 60197-5987
217-245-0960

Radiologist Professional Services:

Clinical Radiologists, S.C.
P O BOX 3717
Springfield, IL 62708-3717
630-874-2706

Surgeon Professional Services:

Dr. Richard Brown
Prairie Podiatry
2070 W Iles Ave
Springfield, IL 62704
217-698-6228

Dr. Youssef El Bitar
SIU Orthopedics
747 N Rutledge St
Springfield, IL 62702
217-545-8000

Ideal Eye Surgery
705 Insight Ave
O'Fallon, IL 62269
618-391-1660

Consultations and office visits:



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: *PATEINT FINANCIAL SERVICES*
EFFECTIVE DATE: *09/01/2024*
REVISED DATE: *N/A*
PREPARED BY: *CH*
APPROVED BY: *RCC*

TITLE: *FINANCIAL ASISTANCE POLICY*
CoP or AO Standard (if applicable): **NOT APPLICABLE**

PAGE 11 of 13

Community Medical Clinic ExpressCARE
101 E 9th
Pana, IL 62557
217-562-2131

Community Medical Clinic of Pana
101 E 9th
Pana, IL 62557
217-562-2544

Community Medical Clinic of Assumption
118 N Walnut
Assumption, IL 62510
217-226-3133

Community Medical Clinic of Nokomis
120 S Cedar
Nokomis, IL 62075
217-563-8363

Community Medical Clinic Specialty Clinic
101 E 9th
Pana, IL 62557
217-562-2131

Pana Medical Group
217 S Locust
Pana, IL 62557
217-562-2143

Pana Medical Group – North
213 S Locust
Pana, IL 62557
217-562-2144

Consultations and office visits (continued):



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: PATEINT FINANCIAL
SERVICES
EFFECTIVE DATE: 09/01/2024
REVISED DATE: N/A
PREPARED BY: CH
APPROVED BY: RCC

TITLE: *FINANCIAL ASISTANCE POLICY*
CoP or AO Standard (if applicable): NOT APPLICABLE

PAGE 12 of 13

Ramsey Medical Group
103 W 6th
Ramsey, IL 62080
618-423-2412

Cowden Medical Group
209 East Elm
Cowden, IL 62422
217-783-6565

Specialty Consultations and office visits:

Cancer Care Specialists of Central Illinois
210 W McKinley Ave, Ste 1
Decatur, IL 62526
217-876-6600

Memorial Specialty Care - Nephrology
301 West Hay
Decatur, IL 62526
217-876-6860

Prairie Cardiovascular Consultants
619 E Mason St
Springfield, IL 62701
217-788-0706

Springfield Clinic
800 N 1st
Springfield, IL 62701
217-528-7541

Prairie Podiatry
2070 W Iles Ave
Springfield, IL 62704
217-698-6228

Specialty Consultations and office visits (continued):



Pana Community Hospital

POLICY AND PROCEDURE

DEPT: *PATEINT FINANCIAL SERVICES*
EFFECTIVE DATE: *09/01/2024*
REVISED DATE: *N/A*
PREPARED BY: *CH*
APPROVED BY: *RCC*

TITLE: *FINANCIAL ASISTANCE POLICY*
CoP or AO Standard (if applicable): **NOT APPLICABLE**

PAGE 13 of 13

Ideal Eye Surgery
705 Insight Ave
O'Fallon, IL 62269
618-391-1660

SIU Orthopedics
747 N Rutledge St
Springfield, IL 62702
217-545-8000

Decatur Neurological Associates
304 W. Hay St. Ste 214
Decatur, IL 62526
217-872-5943