

# Financial Assistance Policy – Plain Language Summary

Pana Community Hospital's ("PCH") Financial Assistance Policy ("FAP") exists to provide eligible patients partially or fully discounted emergency or medically necessary healthcare services provided by the hospital. Patients seeking financial assistance must apply for the program, which is summarized herein.

**Eligible Services:** In general, the FAP applies to emergency or medically necessary services provided and billed by PCH.

**Eligible Patients:** In general, patients receiving eligible services at PCH, who submit a complete Financial Assistance Application, and who are determined eligible for financial assistance by PCH.

**How to Apply:** Financial Assistance Applications may be obtained/completed/submitted as follows:

1. On the PCH website at <https://panahospital.com/patients-and-visitors/patients-and-visitors/profile/financial-assistance>
2. Requesting an application at the front desk or by contacting a Patient Financial Counselor at 217-562-2131.
3. Assistance in completing an application can be obtained by contacting a Pana Community Hospital Patient Financial Counselor.
4. Completed Applications may be turned in or mailed to:

Pana Community Hospital  
101 E Ninth Street  
Pana, IL 62557

**Determination of Financial Assistance Eligibility:** In general, Eligible Patients may receive financial assistance when their household income is at or below 300% of the Federal Poverty Guidelines. Eligibility for financial assistance means that Eligible Patients will have the cost of their care covered fully or partially, and they will not be billed more than Amounts Generally Billed to insured patients, as defined by Section 1.501(r)-5 of the Department of Treasury regulations. Financial assistance discounts offered by PCH are:

- Free Care: Households with income from 0% to 200% of FPG are eligible for free care for Eligible Services.
- Partially Discounted Care: Households with income between 200% and 300% of FPG are eligible for a 75% discount on Eligible Services.

**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.

Households with over 300% of the Federal Poverty Guidelines in Qualifying Household Assets are not eligible for Financial Assistance at PCH. Qualifying Household Assets includes all checking account, savings account, and health savings account balances, and non-primary residence real estate held by members of the household.

Applicants who provide incomplete Applications will be notified and given an opportunity to provide the missing documentation/information in order for a determination to be made with respect to eligibility for financial assistance.

**Contact Information:** For free copies of the Policy and Application, use the contacts listed above. The full Financial Assistance Policy, this summary, or an application are available in other languages upon request.