

Plain Language Summary

In keeping with its mission, La Rabida Children's Hospital is dedicated to making healthcare services accessible to our pediatric population. The Hospital acknowledges the financial needs of patients and families who are unable to afford the charges associated with the cost of medical care. In that regard, the Hospital when needed provides medically necessary healthcare services at a discount to children who reside in Illinois and Indiana.

To manage its resources and responsibilities and to allow the Hospital to provide assistance to the greatest number of children in need, the Board of Trustees has established these guidelines for providing Financial Assistance.

Eligibility and Assistance Offered

In order to be eligible for free care or care at a reduced rate, the patient and/or family must apply by completing a short questionnaire. Families applying for Financial Assistance will not be denied based upon race, color, religion, sex, age, national origin, or marital status. The decision to provide Financial Assistance will be based on a review of the family's income, assets and liabilities. Additional information may be requested and ultimately may affect the Hospital's decision.

The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient and/or parent. All patients will be treated for emergency medical conditions without discrimination and regardless of their eligibility for free or discounted care. Patients and/or families must provide supporting documentation of Illinois or Indiana residency. Children residing outside of Illinois or Indiana are not eligible for Financial Assistance. This policy shall apply regardless of the patient's immigration status.

Applying for Financial Assistance

Patients and families wishing to apply may submit an application and supporting documentation to the Patient Financial Services office. The Financial Assistance application may be found on the Hospital's web site. Alternatively, printed copies of the Hospital's Financial Assistance Policy or its Plain Language Summary may be obtained at no extra cost by visiting or calling the Hospital's Patient Services Office. You may contact the Patient Services office for a copy of the application and to discuss any questions you might have. This Plain Language Summary is available in both English and Spanish.

Calculation of Free or Discounted Care

Program	Available To	Description	How to Apply
Financial Assistance - Free Care	Uninsured and Insured Patients	Offers free care to families based upon family size and with income less than 200% of Federal Poverty Guideline	Complete Financial Assistance Program Application. Call (773) 256-5974 for assistance.
Financial Assistance - Sliding Scale	Uninsured and Insured Patients	Offers discounted care to families based upon family size and with income level between 200% and 400% of the Federal Poverty Guideline	Complete Financial Assistance Program Application. Call (773) 256-5974 for assistance.
Financial Assistance - Uninsured Self Payor	Uninsured patients only	Offers reduction of 55% to families based upon family size and with income level between 400% to 600% of the Federal Poverty Guideline	Complete Financial Assistance Program Application. Call (773) 256-5974 for assistance.
Financial Assistance - Catastrophic	Uninsured Patients Only	Limits the out-of-pocket costs when medical debts specific to medical care at La Rabida Children's exceeds 25% of the family's gross income	Complete Financial Assistance Program Application. Call (773) 256-5974 for assistance.
Payment Plan Program	Uninsured and Insured Patients	Assists patients with their financial obligations by establishing payment arrangements	Complete Financial Assistance Program Application. Call (773) 256-5974 for assistance.

Notification

In an effort to make our patients, families and the broader community aware of the Hospital's Financial Assistance program, the Hospital has taken a number of steps to widely publicize this policy including posting of legible signage; development of this Plain Language Summary (PLS) and distributing informational pamphlets at registration desks. If you need additional information or have questions, please contact our Patient Financial Services office at:

Patient Financial Services Office
 La Rabida Children's Hospital
 6501 South Promontory Drive
 Chicago, Illinois 60649

Web Site: <http://www.larabida.org/page-Financial-Assistance>
 Telephone: (773) 363.6700