
To Our Patients regarding Financial Assistance:

Thank you for choosing the SIU Center for Family Medicine (SIU CFM) as your health care provider. We strive to be a leader in quality health care to all people in central and southern Illinois regardless of their ability to pay. As such, please consider whether you (and your family) may qualify for Financial Assistance. If you are eligible for a discount, the amount of the discount will be based on your household income and the size of your family.

In order to qualify for assistance, you will need to:

- **MEET with a FINANCIAL COUNSELOR:** Please schedule a meeting with one of our on-site Financial Counselors. Our counselors can assist you with completing all the necessary forms and accompanying documents you will need in order to be considered for the assistance plan. Call 217-224-9484 to make an appointment and ask for the Family Medicine Financial Assistance Office.
- **COMPLETE an APPLICATION:** Thoroughly complete the SIU CFM application for Financial Support. The application will ask for both income and expenses.
- **INCOME VERIFICATION:** The following documents are necessary to provide income verification.
 1. Paycheck Stubs for the past three consecutive months
Note: For self-employed persons, an income statement is recommended or Schedule C of your latest tax filing.
In the absence of income, a letter of support and/or declaration of “no income” is required from the patient and/or responsible party. The letter must detail how the current living needs are being met.
 2. Statements for non-retirement accounts including checking and savings for the past three months.
 3. Completed tax return for the previous calendar year if required to file.
 4. There may be other information that SIU CFM may deem relevant in assisting us to make the most appropriate eligibility determination.
- **SUBMIT your APPLICATION:** You can bring your application into the office or mail it back to us at: SIU Center for Family Medicine, 612 N 11th St. Quincy IL 62301.

As our counselors review your application, they will also check to see if you qualify for other Financial Assistance programs. If you qualify for Health and Family Services (Medicaid) coverage, our counselors have been trained to assist you in applying for that program right here on site at the Center. All information we receive from you will be kept confidential. We understand this type of information is very sensitive, but it is very important to determine your eligibility.

Once all your materials are received, a review of your application and accompanying documents will be made as quickly as possible and typically takes up to 10 days. Once the review is complete, we will call you to advise you of your status and then send a follow-up letter. If you qualify, we will provide you with a card indicating the discount level that will be applied for a period of one year. After that you must reapply on an annual basis. Keep this card handy as it can be used to identify you as an FQHC patient when obtaining outpatient or inpatient services at the hospital.

Please note that we do have a nominal payment policy. We ask that you make a minimum payment of \$10 when you check in for your appointment.

Again, thank you for choosing SIU Center for Family Medicine as your health care provider.

Financial Application

SIU Center for Family Medicine, with clinics located in Springfield at 520 N. 4th St, Phone: 217-545-8000; in Quincy at 611 N. 12th St., Phone 217-224-9484 and at 330 Vermont Street, Suite 100, Phone 217-222-8440; in Jacksonville at 345 W. State Street, Phone 217-245-5111; in Lincoln at 109 Third Street, Phone 217-735-2317; and in Decatur at 102 West Kenwood Avenue, Phone 217-872-3800

Responsible Party Information				Are you head of household (HoH)? () Yes () No	
Name (First, Middle, Last)			Date of Birth		Social Security #
Home Address		City	State	Home Phone #	Cell Phone #
Employer's Name		Job Title	Date of Employment		Employer's Phone #
Spouse's Information (If Applicable)					
Name (First, Middle, Last)			Date of Birth		
Employer's Name		Job Title	Date of Employment	Employer's Phone #	
List Dependents (If Different From Tax Return, Please Explain)					
Name		Date of Birth			Relationship

Have you applied for Public Aid? YES NO If Public Aid denied you, you must provide a copy of the denial.

Income: You must provide documentation for each item and provide a copy of your federal tax return or paycheck stubs for the last 3 months					
Responsible Party Income			Spouse's Income (If Applicable)		
Wages (Monthly)	\$		Wages (Monthly)	\$	
Farm/Self-Employment	\$		Farm/Self-Employment	\$	
Public Assistance	\$		Public Assistance	\$	
Social Security/Disability	\$		Social Security/Disability	\$	
Unemployment/Work comp	\$	Date of Unemployment	Unemployment/Work comp	\$	Date of Unemployment
Alimony/Child Support	\$		Alimony/Child Support Received	\$	
Annuities/Dividends/Interest	\$		Annuities/Dividends/Interest	\$	
Pension	\$		Pension	\$	
Income From Other Sources	\$		Income From Other Sources	\$	
TOTAL INCOME FOR PAST 12 MONTHS	\$\$		TOTAL INCOME FOR PAST 12 MONTHS	\$\$	

If applicant has no income, he/she is required to provide a dated and signed statement from the person(s) who provides their financial support.

Assets:

Checking \$ _____ Savings \$ _____ 401K \$ _____ CDs \$ _____ IRA \$ _____ Mutual Funds/Stocks/Bonds \$ _____

SIU Center for Family Medicine
DISPOSITION, RECOMMENDATION AND APPROVAL

For Office Use Only

Pt Name: _____

MRN#: _____

Appl #: _____

To be completed by office staff only:

Application Received by: _____

Signature of Financial Counselor

Application Received Date: _____ Recommendation Date: _____

Disposition of Application and Recommendation:

Percent of FPL: _____ Level: _____

RECOMMENDED BEST OPTION

Qualifies for Medicaid Qualifies for Medicare

Refuses to apply for Medicaid

SIU Center for Family Medicine

2018 SLIDING FEE SCALE for FINANCIAL ASSISTANCE

2018 ANNUAL FEDERAL POVERTY LEVEL (FPL) GUIDELINES						
FAMILY SIZE -- Members in Household	PERCENT OF FPL					
	2018 FPL	100% or Less	101%-138%	139%-150%	151%-175%	176%-200%
Annual income displayed is highest possible in each category in order to qualify						
1	\$12,140	\$12,140	\$16,753	\$18,210	\$21,245	\$24,280
2	\$16,460	\$16,460	\$22,715	\$24,690	\$28,805	\$32,920
3	\$20,780	\$20,780	\$28,676	\$31,170	\$36,365	\$41,560
4	\$25,100	\$25,100	\$34,638	\$37,650	\$43,925	\$50,200
5	\$29,420	\$29,420	\$40,600	\$44,130	\$51,485	\$58,840
6	\$33,740	\$33,740	\$46,561	\$50,610	\$59,045	\$67,480
7	\$38,060	\$38,060	\$52,523	\$57,090	\$66,605	\$76,120
8	\$42,380	\$42,380	\$58,484	\$63,570	\$74,165	\$84,760
Each add'l family member > 8	\$4,320	\$4,320	\$5,962	\$7,560	\$7,733	\$8,640

Sliding Fee Scale		Nominal Fee				
MEDICAL/BEHAVIORAL		Level 0 \$5	Level 1 \$10	Level 2 \$15	Level 3 \$20	Level 4 \$25
DENTAL		FS 1 \$25	FS 2 20% of charges	FS 3 40% of charges	FS 4 60% of charges	FS 5 80% of charges

(To determine eligibility on applications received on or after 03/05/2018)

FOR REFERENCE ONLY –Patient Assistance Discount Schedule- Adjusted Gross Income (Before IRA/Keough/SEP Deductions)

Recommended by: _____ Date: _____

Reviewed and Approved by: _____ Date: _____