

# RUSH Financial Assistance Policy – Plain Language Summary

## Financial Assistance Programs:

1. **Presumptive Charity Care** – RUSH bill for uninsured patients is reduced by 100% if one of the following criteria is true:
  - Family Income is 0 – 200% of the Federal Poverty Guidelines
  - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
  - Patient is enrolled in, or eligible for, an assistance program for low-income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance)
  - Homeless, deceased with no estate, or mentally incapacitated
  - Incarcerated in a penal institution
2. **Charity Care Program** – RUSH bill for uninsured or insured patients is reduced by 100% subject to submission of all required documentation (as described on page 2) and whose family income is equal to or below 300% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.
3. **Underinsured Discount Program** – RUSH bill is reduced by 80% for patients who are underinsured and whose family income is greater than 300% and equal to or below 400% of the Federal Poverty Guidelines.
4. **Uninsured Patient Discount** – RUSH bill is reduced by 80% for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A completed financial assistance application may be required.
5. **Catastrophic Balance Program** – RUSH bill is reduced up to a maximum of 20% of the household income during a rolling twelve-month period, subject to submission of all required documentation.
6. **Self-Pay Discount Program** – All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency.

Unless otherwise noted, proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of these programs. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirements. All discounts are considered on an episodic basis. Financial assistance programs are not available to patients receiving care at RUSH as out of network except for emergent services and are only available to patients whose services are deemed medically necessary or emergent.

## Ways to contact RUSH:

### For Financial Assistance and Estimate questions:

<b>RUSH University Medical Center</b> Phone: (312) 942-5967 Email: financial_counselor@rush.edu	<b>RUSH Copley Medical Center</b> Phone: (630) 978-4990 Email: RC_Business_Office@rush.edu	<b>RUSH Oak Park Hospital</b> Phone: (708) 660-5603 Email: financial_counselor@rush.edu
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### Return or mail completed applications to:

<b>RUSH University Medical Center</b> 1653 W. Congress Pkwy Rm. 415 Atrium Bldg. Attn: Financial Counselors Chicago, IL 60612 Upload: MyChart.rush.edu	<b>RUSH Copley Medical Center</b> Patient Financial Services Dept 2000 Ogden Avenue Aurora, IL 60504 Upload: MyChart.rush.edu	<b>RUSH Oak Park Hospital</b> 520 S. Maple Ave Registration Department Attn: Financial Counselor Oak Park, IL 60304 Upload: MyChart.rush.edu
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## Access RUSH's Financial Assistance Policy & Application:

**Online:** [www.rush.edu/financial-assistance](http://www.rush.edu/financial-assistance)

**Via Mail** (request paper application from Customer Service)

<b>RUSH University Medical Center</b> Phone: (312) 942-5693 Email: <a href="mailto:billing_info@rush.edu">billing_info@rush.edu</a>	<b>RUSH Copley Medical Center</b> Phone: (630) 978-4990 Email: <a href="mailto:RC_Business_Office@rush.edu">RC_Business_Office@rush.edu</a>	<b>RUSH Oak Park Hospital</b> Phone: (312) 942-5693 Email: <a href="mailto:billing_info@rush.edu">billing_info@rush.edu</a>
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**In Person:** visit any Admitting Departments, Emergency Departments, or Financial Counselor Offices

## Required Supporting Documentation for Financial Assistance:

1. Fully completed and signed **Financial Assistance Application**
2. **Valid US Government Issued Photo ID** (i.e. Driver's License, State ID, Passport,
3. **Proof of Permanent Residency** (Provide at least one of the following if a valid Driver's License or State issued ID is not available): Recent Utility Bill, Rent receipt or lease, Mail from a government or other credible source, Letter from a homeless shelter or Voter registration card
4. **Tax Documents** (Provide the following)
  - Most recent federal tax return (including all schedules) AND most recent W-2 and 1099 forms
5. **Proof of Family Income** (Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner)
  - Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
  - Written income verification, if paid in cash
6. **Proof of Assets** (Provide all applicable documents for the assets listed below)
  - Checking/Savings/Credit Union Account(s)       Stocks       Mutual Funds
  - Certificates of Deposit       Health Savings/Flexible Spending Account(s)

Please note: Applicants may be responsible for an annual payment if assets exceed certain thresholds.

RUSH's Financial Assistance Policy, Application, and Plain Language Summary are available in English, Spanish, Mandarin Chinese, Polish, and Tagalog. For assistance in other languages, please contact a Financial Counselors at your hospital's phone number listed on page one.

## Questions on your bill:

<b>RUSH University Medical Center</b> Phone: (312) 942-5693 Email: <a href="mailto:billing_info@rush.edu">billing_info@rush.edu</a> MyChart Message: <a href="http://MyChart.rush.edu">MyChart.rush.edu</a>	<b>RUSH Copley Medical Center</b> Phone: (630) 978-4990 Email: <a href="mailto:RC_Business_Office@rush.edu">RC_Business_Office@rush.edu</a> MyChart Message: <a href="http://MyChart.rush.edu">MyChart.rush.edu</a>	<b>RUSH Oak Park Hospital</b> Phone: (312) 942-5693 Email: <a href="mailto:billing_info@rush.edu">billing_info@rush.edu</a> MyChart Message: <a href="http://MyChart.rush.edu">MyChart.rush.edu</a>
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For more information, including reviewing a list of excluded services and non-participating providers, please visit the full financial assistance policy available at [www.rush.edu/financial-assistance](http://www.rush.edu/financial-assistance).

Individuals who are determined to be eligible for financial assistance will never be charged more than the amount generally billed (AGB) to individuals who have insurance. The current AGB payment rate as a percentage is available online at [rush.edu/financial-assistance/AGB](http://rush.edu/financial-assistance/AGB).