

Kirby Medical Center

Kirby Care Assistance Program

Our Mission Statement

Kirby Medical Center is committed to affordable and accessible quality health care delivered in a personal and professional manner to residents of Piatt County and the surrounding areas.

Kirby Medical Center understands that not all people are able to pay their hospital bills due to a variety of financial reasons. As part of our mission statement and not-for-profit purpose, the hospital offers the “Kirby Care Assistance Program” to assist those people who cannot pay their hospital bill by providing discounted or free care. The following bullet-points summarize how the program works.

1. You may need to apply for public assistance with the Illinois Department of Human Services (DHS) before Kirby will consider granting a discount on your bill. Staff from our Patient Financial Services Department is available to assist you in completing the necessary application forms. For those in Piatt/Moultrie counties, the Illinois DHS phone number is 217-728-7343. For those in DeWitt/Logan counties, the Illinois DHS phone number is 217-735-2306.
2. Discounted or free care will only be approved after all third-party payers have paid their portion of the bill as well as Public Aid and worker’s compensation. Any balance remaining can be considered for discounted or free care.
3. Eligibility will be calculated based upon the applicant’s income. Applicants will be asked to supply documentation supporting their reported income and other cash or investment assets. Equity in the applicant’s home and automobile will not be considered in the eligibility calculation. For 2011, the maximum income guidelines considered for Kirby Care are outlined below:

Family Size	Kirby Care Income Maximum
1	\$27,225
2	\$36,775
3	\$46,325
4	\$55,875
5	\$65,425
6	\$74,975
7	\$84,525
8	\$94,075
Each Additional	\$9,550

Once the application process is deemed complete, eligibility for the Kirby Care Assistance Program will be completed within 15 working days of receipt of the completed application. Applicants will be notified of any reason for a delay in this determination.

Applications for discounted or free care are approved on a case-by-case basis. Any approved discount level is good for 12 months from the date the application is approved. Approved applicants will be required to reapply to the program after 12 months.

Applicants for Kirby Care Assistance that are not approved may appeal the decision to Kirby's Director of Patient Financial Services.

Applicants having questions are encouraged to contact a representative in the Patient Financial Services Department (217-762-1540) at Kirby Medical Center to request more information regarding the Kirby Care Assistance Program.

Thank you for helping us continue our "Tradition of Caring!"