

## 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 has the “Kirby Care Assistance Program” to assist those people who cannot pay their hospital bill by offering discounted or free care. The following bullet-points summarize how the program works.

1. **You must apply** for public assistance with the Illinois Department of Public Aid (IDPA) before we will consider granting a discount on your bill. We are available to assist you in completing the necessary forms if you require the assistance. For those in Piatt/Moultrie counties, IDPA’s phone number is 217-728-7343. For those in DeWitt/Logan counties, IDPA’s 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. Your eligibility will be calculated based on your last 12 months of income and we will ask you to supply documentation about your income. As well, a reasonable amount of certain assets, such as investments and savings accounts that you may have will be included in the calculation. However, we will not include in the calculation any value you have in your home or automobile. The discount levels allowed are in the following table. Additionally, we have included a sample calculation.

Kirby Care Assistance Discount Level	100%	75%	50%	25%
Federal Poverty Level	150%	180%	210%	250%
Family Size				
1	\$14,355	\$17,226	\$20,097	\$23,925
2	\$19,245	\$23,094	\$26,943	\$32,075
3	\$24,135	\$28,962	\$33,789	\$40,225
4	\$29,025	\$34,830	\$40,635	\$48,375
5	\$33,915	\$40,698	\$47,481	\$56,525
6	\$38,805	\$46,566	\$54,327	\$64,675
7	\$43,695	\$52,434	\$61,173	\$72,825
8	\$48,585	\$58,302	\$68,019	\$80,975
Each Additional	\$4,890	\$5,868	\$6,846	\$8,150

The following is a sample calculation of a discount that would be applied if you were a family of 4 people:

<b>Family of 4</b>	
<b>Gross Annual Income:</b>	<u>\$ 25,000</u>
<b>Cash/Liquid Assets:</b>	
Checking Account	\$ 500
Savings Account	\$ 2,178
CD's	\$ -
Investments	<u>\$ 8,000</u>
	<u>\$ 10,678</u>
<b>Protected Amount</b>	<u>\$ (2,000)</u>
<b>Assets to include in income:</b>	<u>\$ 8,678</u>
<b>Annual Income plus Assets:</b>	<u>\$ 33,678</u>
<b>Kirby Care Assistance Discount</b>	
<b>Level based on \$33,678 of</b>	
<b>annual income.</b>	75%

Based on the above calculation, you would be eligible for a 75% discount on balances owed to the hospital for the next 12 months.

We will determine if you qualify for the Kirby Care Assistance Program within 15 working days of receipt of all needed information. If we are unable for some reason to determine your eligibility within that time period, we will notify you as to the reason for the delay.

Applications for discounted or free care are made on a case-by-case basis and any approved discount level is good for 12 months from the date the application is approved. After 12 months, you will need to reapply to receive a discount.

If your application for Kirby Care Assistance is not accepted, you may appeal the decision to Dave Harms, the Chief Financial Officer.

If you have other questions, please feel free to contact Kirby Medical Center and speak to someone in the Business Office and tell them you want more information on the Kirby Care Assistance Program. Thank you for helping us continue our "Tradition of Caring!"