

# Your hospital cares about you



## Talk to us about help with your bill

If you do not have insurance coverage, we will reduce your hospital bill. You also may qualify for other financial assistance. All information is strictly confidential. Visit us or call us at 314-362-8400 or 855-362-8400.

BJC wants to help patients who do not have health insurance or who need help paying their hospital bills. As a nonprofit health care organization, BJC and our member hospitals and health service organizations care about the patients and communities we serve through better health and better health care.

Our staff can help you:

- Apply for health insurance through the Marketplace
- Apply for Medicaid assistance
- Determine if you qualify for financial assistance from BJC

### BJC Financial Assistance

First and foremost, your financial circumstances will not affect your care. All patients are treated with respect and fairness. Patients who meet certain income guidelines may qualify for BJC financial assistance, including reduced hospital charges and long-term, interest-free payment plans. Patients who are eligible for financial assistance will be billed less than the amounts generally billed to individuals who have insurance covering such care. Information regarding amounts generally billed and its calculation is available by calling 314-362-8400 or 855-362-8400 or at [www.bjc.org](http://www.bjc.org).

If you are insured and have questions about your coverage or your level of benefits, please

contact your insurance provider. Patients without insurance will automatically receive a 40 percent discount on the billed charges and will be considered for assistance. Depending on the type of service and level of financial assistance, a partial payment may be required. We can give you a financial assistance policy income and discount chart that shows the payment amounts upon request.

Financial assistance approval will be in effect for 12 months from the date of approval. Patients who have services within this time period should inform us of the visits by calling 314-362-8400 or 855-362-8400 so that financial assistance may be applied. Exceptions to the financial assistance qualification criteria will be considered on an individual basis.

### Applying for Financial Assistance

You may apply for financial assistance at any time – before, during or after your care, up to 240 days after your initial bill. We will send information with your bill about how to apply for assistance. Applications are also available upon request at any BJC facility, on our websites and at [www.bjc.org](http://www.bjc.org). The application requires proof of income such as an income tax return or paycheck stub. Examples of documents which may be used as proof of income can be found on the application form.

(Over)

Patients who have been enrolled in Medicaid or who are deemed eligible for Gateway to Better Health in the last six months automatically qualify for financial assistance for medical services that are not covered by Medicaid. (The only exception is if the previous Medicaid enrollment was due to pregnancy. In that case, you can still apply for financial assistance.)

In addition, patients may be approved for financial assistance based on the use of a standard analytic approach which estimates the patient's financial and/or socio-economic position. Eligibility for this type of assistance does not automatically qualify the patient for assistance on future accounts.

### **Medical Qualifications for Financial Assistance**

BJC hospitals will provide, without exception, care for emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for financial assistance, in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Financial assistance is available only for emergency and medically necessary services. It does not apply to elective procedures such as cosmetic surgery. It also does not apply to the portion of your services that has been paid for by a third party such as an insurance company or government program.

Financial assistance is available to patients who live in Missouri and Illinois.

A listing of providers who are not included under BJC's financial policy is available by calling 314-362-8400 or 855-362-8400 or electronically at [www.bjc.org](http://www.bjc.org).

### **Income Guidelines for Financial Assistance**

The amount of financial assistance you receive is based on Federal Poverty Level information set by the U.S. government each year. To be eligible for a discount, your family income must not be more than three times the Federal Poverty Level (300 percent). We can give you a financial assistance policy income and discount chart that shows these income levels upon request. In addition to your income, the discount will also take into account the size of your family. Patients with family income over \$100,000 a year are not eligible for BJC financial assistance, regardless of family size. Uninsured Illinois residents receiving services at Alton Memorial Hospital, Memorial Hospital Belleville and Memorial Hospital East may be eligible for additional discounts under the Illinois Hospital Uninsured Patient Discount Act.

### **Income Guidelines for Catastrophic Events**

In the case of a catastrophic medical event, patients who may not ordinarily qualify for financial assistance will be granted aid.

Under these special circumstances, patient payment responsibilities in a 12-month period will not be more than 25 percent of annual family income.

## **Learn more**

You can get more information about the BJC financial assistance policy and an application, or make a request to receive written notice or communication electronically by speaking with a Patient Services representative or by calling us at 314-362-8400 or 855-362-8400. Information and application forms are also available at [www.bjc.org](http://www.bjc.org). Please feel free to ask about financial assistance. We are here to help.

BJC HealthCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Atención: hay servicios de asistencia de idiomas disponibles a su disposición sin costo. Llame al 314-273-1487 (TTY: 1-800-735-2966).

注意: 免费提供语言协助服务, 如有需要敬请致电 314-273-1487 (TTY: 1-800-735-2966)。