

**PLAIN LANGUAGE SUMMARY**

**GRAHAM HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY (FAP)**

Graham Health System (GHS) provides financial assistance for medically necessary services to individuals without the financial resources to fulfill their payment obligations for health care received at Graham Health System. Graham Health System provides emergency/urgent medically necessary care to patients regardless of their ability to pay or availability of third-party coverage. Assistance does not apply to the Graham Health System Intermediate Care Facility.

**Availability of Financial Assistance**

You may be able to get financial assistance if you are not able to pay your health care bill. GHS gives financial assistance for required medical services. Optional services, such as cosmetics, are not eligible to receive financial assistance.

**Eligibility Requirements**

Total household income and the total number of individuals in the home are used to calculate the available assistance, using the Federal Poverty Level (FPL) as a reference. Incomes up to 180% of the FPL will not owe anything toward the hospital bill. Incomes between 190% and 300% of the FPL guidelines will not pay more than the amounts generally billed to individuals who have insurance, and may be eligible for additional discounts. Financial assistance only applies to emergent or medically necessary services. Please refer to GHS’s full financial assistance policy for complete details, including the Federal Poverty Level (FPL) tables.

**Where to Find Information**

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

* Visit our website – [www.grahamhealthsystem.org](http://www.grahamhealthsystem.org)
* Visit a Patient Financial Advocate – Located at the clinic, on the second floor across from the elevators, or on the ground level of the hospital, near the cashier
* Call a Patient Financial Advocate at 309-649-6818
* Email a Patient Advocate – GHSBusinessServices@grahamhospital.org

**How to Apply**

You will need to fill out a financial assistance form. The completed form and requested documents will need to be sent to GHS for review. If you need help with the form, you may contact a Patient Financial Advocate at 309-649-6818. A completed application and the requested documents (copies only, please do not send originals) should be mailed to one of the following locations:

**Graham Hospital**

210 W. Walnut

Canton, IL 61520

P: 309-647-5240

F: 309-649-5110

**Graham Medical Group**

180 S. Main St.

Canton, IL 61520

P: 309-647-0201

F: 309-649-8948

**Graham Home Medical Equip**

101 S. Main St.

Canton, IL 61520

P: 309-647-7207

F: 309-647-7236