

Uninsured Income Eligibility

St. Mary's Hospital will continue each patient's compassionate care through the collection process for those lacking insurance or government-sponsored benefits. The schedule sets forth the income eligibility requirements for covered services for those uninsured who do not meet the income eligibility requirements of the charity program.

How to apply:

- Provide proof of income to a patient financial representative.

Eligibility

- The designated amount will automatically be subtracted from your bill.
- If applicable, a schedule of reduced payments will be approved.
- Financial arrangements to pay any remaining balance must be made within 10 days.
- Any remaining balance left on your account will be returned for normal follow-up.

Charity Income Eligibility

St. Mary's Hospital has set aside funds to aid those who are unable to pay their financial obligations in full. This schedule sets forth the income eligibility requirements for those seeking assistance from the charity program. Our resources are limited, and this schedule is designed to focus these resources on those who are most in need and least able to pay.

How to apply:

- Request and complete a Request for Financial Assistance form.

Eligibility

- You will be notified in writing that you have been approved for financial assistance, and the degree of assistance granted.
- The designated amount will be subtracted from your bill and/or a schedule of reduced payments will be approved.
- Financial arrangements to pay any remaining balance must be made within 10 days.
- Any remaining balance left on your account will be returned for normal follow-up.

If you are determined ineligible, you will be notified in writing.

Financial Assistance

Are you eligible?

Our Mission

St. Mary's Hospital is sponsored by the Hospital Sisters of the Third Order of St. Francis.

The primary mission of St. Mary's Hospital is to continue Christ's healing ministry through service to the sick, the aged, the poor and the terminally ill, regardless of race, creed, sex, handicaps or financial status. The values of compassion, justice, reverence for life and individual dignity are fostered. Health services which improve or maintain the quality of life are supported.

For questions or assistance call (815) 673-4555.



St. Mary's Hospital
Touching you with the Light of Hope



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111 Spring Street | Streator, IL 61364

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CHARITY INCOME GUIDELINES

Family Size	100% Discount if income falls between	75% Discount if income falls between	50% discount if income falls between	\$35.00 Minimum payment range	\$45.00 Minimum payment range	\$55.00 Minimum payment range
1	\$0-\$14,040	\$14,041-\$16,120	\$16,121-\$20,800	\$14,041-\$22,360	\$22,361-\$24,440	\$24,441-\$26,520
2	\$0-\$18,900	\$18,901-\$21,700	\$21,701-\$28,000	\$18,901-\$30,100	\$30,101-\$32,900	\$32,901-\$35,700
3	\$0-\$23,760	\$23,761-\$27,280	\$27,281-\$35,200	\$23,761-\$37,840	\$37,841-\$41,360	\$41,361-\$44,880
4	\$0-\$28,620	\$28,621-\$32,860	\$32,861-\$42,400	\$28,621-\$45,580	\$45,581-\$49,820	\$49,821-\$54,060
5	\$0-\$33,480	\$33,481-\$38,440	\$38,441-\$49,600	\$33,481-\$53,320	\$53,321-\$58,280	\$58,281-\$63,240
6	\$0-\$38,340	\$38,341-\$44,020	\$44,021-\$56,800	\$38,341-\$61,060	\$61,061-\$66,740	\$66,741-\$72,420
7	\$0-\$43,200	\$43,201-\$49,600	\$49,601-\$64,000	\$43,201-\$68,800	\$68,801-\$75,200	\$75,201-\$81,600
8	\$0-\$48,060	\$48,061-\$55,180	\$55,181-\$71,200	\$48,061-\$76,540	\$76,541-\$83,660	\$83,661-90,780
Add'l family member	\$4,860	\$5,580	\$7,200	\$7,740	\$8,460	\$9,180

UNINSURED INCOME GUIDELINES

Family Size	40% Discount if income falls between RANGE with a \$35.00 minimum payment	30% Discount if income falls between RANGE with a \$45.00 minimum payment	20% Discount if income falls between RANGE with a \$55.00 minimum payment	16% Discount if income falls between	10% Discount if income is over
1	\$20,801-\$22,360	\$22,361-24,440	\$24,441-\$26,520	\$26,521-\$41,600	\$41,601
2	\$28,001-\$30,100	\$30,101-\$32,900	\$32,901-\$35,700	\$35,701-\$56,000	\$56,001
3	\$35,201-\$37,840	\$37,841-\$41,360	\$41,361-\$44,880	\$44,881-\$70,400	\$70,401
4	\$42,401-\$45,580	\$45,581-\$49,820	\$49,821-\$54,060	\$54,061-\$84,800	\$84,801
5	\$49,600-\$53,320	\$53,321-\$58,280	\$58,281-\$63,240	\$63,241-\$99,200	\$99,201
6	\$56,801-\$61,060	\$61,061-\$66,740	\$66,741-\$72,420	\$72,421-\$113,600	\$113,601
7	\$64,001-\$68,800	\$68,801-\$75,200	\$75,201-\$81,600	\$81,601-\$128,000	\$128,001
8	\$71,201-\$76,540	\$76,541-\$83,660	\$83,661-\$90,780	\$90,781-\$142,400	\$142,401
Add'l family member	\$7,740	\$8,460	\$9,180	\$14,400	\$13,921