DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC.

Policy and Procedure

Date Revised: September 23,, 2026

FINANCIAL ASSISTANCE POLICY

I. SCOPE: This policy and procedure applies to the system entities in which DRHSI has at least 50% or greater ownership including but not limited to those marked below:

X	Deaconess Regional Healthcare Services Illinois, Inc. (DRHSI) dba Heartland Regional Medical Center
X	Deaconess Illinois Crossroads, Inc.
X	Deaconess Illinois Union County Hospital, Inc.
X	Deaconess Illinois Red Bud, Inc.
X	DRHSI, Inc. dba Deaconess Illinois TransCare EMS

II. PURPOSE: This policy serves to establish and ensure a fair and consistent method for the review and completion of requests for charitable medical care to our patients in need. This Policy applies to all DRHSI entities that provide healthcare items and services to patients as adopted by the applicable Boards of Directors and in accordance with the guidance provided by 501r requirements. This policy does not cover services rendered by individual providers. A listing of providers not covered by this policy is available at each hospital side and is updated annually. The list is available in writing upon request.

Deaconess Illinois Medical Center - https://deaconessillinoismedicalcenter.com/financial-assistance/
Crossroads – https://deaconessillinoiscrossroads.com/financial-assistance/
Union County - https://deaconessillinoisunioncounty.com/financial-assistance/
Red Bud - https://redbudregional.com/financial-assistance/

III. DEFINITIONS: For the purpose of this policy and the corresponding procedures, the following definitions apply:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Medically Indigent: Any individual or family not classified as financially indigent who becomes so as a result of extensive medical conditions.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities. This would include coinsurance, deductibles, and copay amounts.

Collect Ability Score: The number assigned to the probability of collecting $50 or more within 12 months on patient balances. A score of 550 or higher indicates high probability of recovery.

Family Size: Using the Census Bureau definition, a group of two or more people who live together and who are related by birth, marriage, or adoption. According to Internal Revenue

Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the Financial Assistance Policy.

Family Income: The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support.

Fast Track Financial Assistance: For an Emergency Room patient, financial assistance can be awarded for the current visit only at the time of the visit. The Financial Assistance Application is completed with all information available at the time of the visit.

Assets: The value of Banking Accounts, Cash on Hand, C.D.'s, Securities, Real Estate, Vehicles, and Financial Settlements. (Supporting documentation is required.)

IV. POLICY: DRHSI, Inc. is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, DRHSI, Inc. strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. DRHSI, Inc. will provide, without discrimination, medically necessary care to individuals regardless of their eligibility for financial assistance or for government assistance. DRHSI complies with applicable federal civil rights laws and does not discriminate in the provision of services to an individual based on the individual's race, color, national origin, age, disability, creed, religion, ethnicity, handicap, sex, gender identity, sexual orientation, source of payment (including Medicare, Medicaid, and CHIP), or inability to pay.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with DRHSI's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

V. RESPONSIBILITIES: Responsibilities of staff are outlined in the below section.

VI. PROCEDURE:

A. For the purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by DRHSI, Inc. without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting. Some patients will be required to apply for Fast Track Financial Assistance.

2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.

3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.

4. Medically necessary services.

5. Nonpaid services to a recipient of a Medicaid product.

6. Charges for patients with coverage from an entity that does not have a contractual relationship with DRHSI.

B. If a patient is uninsured or underinsured, with an income above 200% and less than 350% of the current Federal Poverty Level and lacks assets to pay for the amount owed, the patient may qualify for our Financial Assistance Program. Uninsured patients, without any third-party liability coverage, automatically qualify for the standard uninsured discount. This discount is applied to total charges and reduces that amount owed to a comparable amount that is based on the general amount that would have been paid to DHRSI by private health insurers and Medicare, including co-pays and deductibles, if the patient had been insured.

C. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may

1. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.

2. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay. This is for those above 200% of the Federal Poverty Guidelines.

3. Include reasonable efforts by DRHSI, Inc. to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs.

4. Consider the patient's available assets and all other financial resources available to the patient.

5. Patients that have insurance coverage through Faith Based Ministry programs or Amish/Mennonite are not granted financial assistance through this policy.

D. The determination for assistance may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than eight months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

E. In the event there is no evidence to support a patient's eligibility for charity care, DRHSI, Inc. could, for patients above 200% of the Federal Poverty Guidelines, use outside agencies in determining collectability scoring for the basis of determining charity care eligibility. Presumptive eligibility may also be determined based on individual life circumstances that may include:

1. Homeless or received care from a homeless clinic

2. Public Assistance eligibility

3. Patient is deceased with no known estate

a. Balances due for deceased minors are excluded from receiving presumptive charity care. These balances will remain due.

4. For all Medicaid Financial Class Payors, if a denial or edit for a non-covered Medicaid/HIP charge is received, that charge will be adjusted to charity.

F. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts DRHSI, Inc. will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.

2. Patients whose family income is above 200% and up to 350% of the FPL are eligible to receive services at a discount rate.

3. Patients whose family income exceeds 350% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of DRHSI, Inc.

4. The Hospital Uninsured Patient Discount Act also provides for a ***maximum collectable amount***. During a 12-month period, a hospital may collect no more than 20% of the patient's' family income. The 12-month period begins on the first date the uninsured patient receives health care services eligible for an uninsured discount. Uninsured patients must be permitted to apply for a discount within 90 days of the date of discharge/service.

G. In certain situations, it may be appropriate to grant a patient financial assistance even though the patient's financial situation does not satisfy the requirements set forth in this Policy. In these situations, the Financial Assistance Application and other pertinent information may be reviewed by the DRHSI Financial Assistance Committee, and a determination will be made as to the patient's eligibility for charity care.

H. Basis for Calculating Amounts charged to patients:

The Hospital Uninsured Patient Discount Act states: The uninsured discount is a hospital's charges multiplied by the uninsured discount factor. The uninsured discount factor is: 1.0 less the product of a hospital's cost to charge ratio multiplied by 1.35. The uninsured discount is automatic and does not have to be applied for by patients.

Deaconess Illinois Medical Center: 80% Discount
Deaconess Illinois Crossroads: 72% Discount
Deaconess Illinois Union County: 60% Discount
Red Bud Regional Hospital 66% Discount

DRHSI utilizes the "look-back" method to determine the "amounts generally billed" (AGB) to individuals who have insurance covering Emergency or other Medically Necessary Care. The AGB is calculated annually and is based on the annual average reimbursement received from all commercial and private health insurers that pay claims to DHRSI and Medicare fee-for-service. The AGB percentage applicable at each of our facilities is available at:

Deaconess Illinois Medical Center - https://deaconessillinoismedicalcenter.com/financial-assistance/
Crossroads – https://deaconessillinoiscrossroads.com/financial-assistance/
Union County - https://deaconessillinoisunioncounty.com/financial-assistance/
Red Bud - https://redbudregional.com/financial-assistance/

The calculated Hospital Uninsured Discount results in an amount less than AGB. Anyone qualifying for Financial Assistance under this policy will not be charged more than the AGB for emergency or other medical necessity care.

I. The actions the hospital may take in the event of nonpayment are described in a separate billing and collections policy, which is available at
Deaconess Illinois Medical Center - https://deaconessillinoismedicalcenter.com/financial-assistance/
Crossroads – https://deaconessillinoiscrossroads.com/financial-assistance/
Union County - https://deaconessillinoisunioncounty.com/financial-assistance/
Red Bud - https://redbudregional.com/financial-assistance/

VII. OPTIONAL SECTION: THIS SECTION INTENTIONALLY LEFT BLANK.

VIII. AUTHORITY:

A. Policy Owner: Vice President and Chief Revenue Cycle Officer, HRS

B. Coordinate With: Chief Financial Officer at Deaconess Regional Healthcare Services Illinois, Inc.

C. This policy and procedure revise and rescind the former QHC Policy and procedure.

IX. REFERENCES: THIS SECTION INTENTIONALLY LEFT BLANK.