



## **Financial Assistance Plain Language Summary**

RCH offers financial assistance that may cover all or part of a patient account balance(s) for all patients receiving Emergency treatment and non-emergent medically necessary health care services that meet the hospitals criteria for eligibility.

Any patient with a balance due related to health care received at RCH or any person responsible for paying a patient bill for health care received at RCH (guarantor) may request, receive, and submit for consideration an application for financial assistance.

Patients must meet the hospital's criteria in order to get financial assistance. Proven financial need, family income, family size and other resources determine if a patient can receive a discount on the account balance that is due. Those at 200% or less of the poverty guidelines can receive a 100% discount. Other financial assistance may be available under special circumstances.

Patients who get financial assistance cannot be charged more than amounts generally billed for emergency or other non-emergent medically necessary health care from Roseland Community Hospital and/or will be charged less than gross charges for any other care eligible for financial assistance.

### **There are 4 Ways to Get the RCH Financial Assistance Policy, a Financial Assistance Application and the Plain Language Summary:**

1. Patients can go to the website: [www.roselandhospital.org](http://www.roselandhospital.org) at the website click the word "Patient" in the above menu and click "Patient Information" in the drop down menu.
2. Patients can go in person to Roseland Community Hospital, Admitting or Billing Offices at 45 West 111th Street, Chicago, IL 60628.
3. Patients can call any of the following to ask for an application, and it can be mailed to you at no charge:
  - Call the admitting Office at (773) 995-3094
  - Call RCH financial representative at 773-995-3108
  - Call the Billing Department at (773) 995-3124
  - Call The RCH Operator at 773-995-3000 and ask for Office of Social Work and Spiritual Care to assist you with a copy of an application.
4. Write to the place below and an application will be mailed at no charge:

Roseland Community Hospital  
Patient Financial Services Department  
45 West 111<sup>TH</sup> Street, First Floor.  
Chicago, IL 60628



**For more information or help with the application process, patients can call Patient Financial Services at (773) 995-3108 or can send a letter to the Patient Financial Services Department at the following address. To apply for financial assistance complete the application and mail it to:**

Roseland Community Hospital  
Patient Financial Services Department  
45 West 111<sup>TH</sup> Street, First Floor.  
Chicago, IL 60628