As part of Rush University Medical Center’s mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary services.

### Amount Generally Billed (AGB)
Individuals who are determined to be eligible for financial assistance will never be charged more than the amount generally billed (AGB) to individuals who have insurance. The current AGB payment rate as a percentage is available online at rush.edu/financial-assistance/AGB.

### Ways to contact Rush
For pricing and Financial Assistance questions:

**Financial Counselors:**
- **Rush University Medical Center**
  1653 W. Congress Pkwy
  Rm. 415 Atrium Bldg.-Attn: Financial Counselors
  Chicago, Illinois 60612
  Phone: (312) 942-5967
  Email: financial_counselor@rush.edu

- **Rush Oak Park Hospital**
  520 S. Maple Ave
  Registration Department -Attn: Financial Counselor
  Oak Park, Illinois 60304
  Phone: (708) 660-5603

For billing questions:

**Customer Service Representatives:**
- Phone: (312) 942-5693
  (866) 761-7812
- Email: billing_info@rush.edu
- MyChart: MyChart.rush.edu

**Access Rush’s Financial Assistance Policy & Application:**
- Online:  www.rush.edu/financial-assistance
- Via Mail: request from Customer Service
- In Person: visit the Admitting Departments, Emergency Departments, or Financial Counselor Offices

Completed Financial Assistance applications and required supporting documentation are accepted by:

- Uploading to MyChart: MyChart.rush.edu
- Email: financial_counselor@rush.edu
- Mail: use the Financial Counselor Department address referenced above

*Financial Assistance Policy, Application, and Summary are available in English, Spanish, Mandarin Chinese, and Polish

For more information on Financial Assistance at Rush, please visit our website:

www.rush.edu/financial-assistance
FINANCIAL ASSISTANCE PROGRAMS

Charity Care – Hospital bill and professional bill is reduced up to 100% (excluding copayments) and is subject to all required supporting documentation.

- Family Income is 201%-400% of the Federal Poverty Guidelines.
- The patient is eligible for Medicaid for other dates of service.
- The patient does not qualify for any state and/or federal assistance program.
- Charity Care is initially automatically approved for a period of 4 months. It can be renewed but will require re-applying.

Catastrophic – Hospital bill and professional bill is reduced to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period and is subject to all required supporting documentation.

Presumptive Charity Care – Hospital bill and professional bill is reduced by 100% on an episodic basis. You are not required to complete an application if you meet any of the following criteria:

- Family Income is 0%-200% of the Federal Poverty Guidelines.
- Enrolled or eligible for an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, or Low Income Home Energy Assistance Program or Community Based Medical Assistance or receiving Grant Assistance.)
- Homeless, deceased with no estate, mental incapacitation with no one to act on your behalf.

REQUIRED SUPPORTING DOCUMENTATION FOR FINANCIAL ASSISTANCE

- **Fully Completed and signed Application for Financial Assistance.**
- **Valid Photo-ID** which may include Driver’s License, State-issued ID, Government-issued ID, Military ID.
- **Proof of permanent residency** in Rush’s Catchment Area.
  - Rush’s Catchment Area is the State of Illinois and the three collar counties of Indiana (Lake, LaPorte and Porter).
  - Documentation of residency (any one of the following): Driver’s license, rent receipt or lease, recent utility bill with address, government-issued mail, letter from homeless shelter or Voter Registration card.
- **Tax documents** (ALL required): Most recent federal tax return (including all schedules) and most recent W-2 and 1099 forms.
- **Proof of Assets** (ALL applicable documents are required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts.
  - Applicants may be responsible for an annual payment if assets exceed certain thresholds.
  - **Proof of Family Income** (ALL required for patient/guarantor and each household member): Copies of 2 months of recent pay stubs, written income verification, if paid in cash, including spouse/partner.
  - **Documentation of Assets** are required if the income is between 201% and 400% of the Federal Poverty Guidelines. Non-retirement assets only.

Uninsured Program – For the uninsured patient, the hospital bill and professional bill can be reduced by 50% or 80%. Discounts are associated with family income levels and proof of residency:

- Family income is 201%-600% of the Federal Poverty Guidelines.
  - 80% for Illinois residents (Rush’s Catchment Area)
  - 50% for Non-Illinois residents
- Family income is greater than 600% of the Federal Poverty Guidelines.
  - 50% for both Illinois and Non-Illinois residents.

Non-Covered Discount

- Patients are eligible for a 50% discount or if available, packaged pricing, on non-covered services and services that are not medically necessary.

International Patients – The hospital bill and professional bill for patients permanently residing outside the U.S. is reduced by 20%.

Payment Plans –Flexible payment arrangements are available for set-up directly in MyChart or by contacting a Financial Counselor or Customer Service Representative. are also available.

Providers –Financial Assistance Program are only applicable to hospital and professional services provided by Rush University Medical Center, Rush Oak Park Hospital, Rush University Medical Group and Rush Oak Park Physician Group.

*For more information, please visit our website: [www.rush.edu/financial-assistance](http://www.rush.edu/financial-assistance)*