

Not Insured? Use the new Marketplace exchange to get covered for your Rush healthcare services.

If you are currently uninsured, you may be eligible to purchase insurance on the marketplace exchange. Rush participates in several insurance plans that will allow you to receive health care services under "in-network" benefits. Your balance due may be significantly higher with a plan under which Rush is not contracted with or "out of network." For a complete list of in-network plans, please refer to our website:

www.rush.edu/marketplace

Contact Rush

For any billing or pricing questions:

Financial Counselors

(312) 942-5967,
Monday through Friday, 8 a.m. to 4:30 p.m.
Or email us at financial_counselor@rush.edu

Customer Service Representatives

(312) 942-5693 or (866) 761-7812,
Monday through Friday, 8 a.m. to 4:30 p.m.
Or email us at billing_info@rush.edu

For more information, please visit our website: www.rush.edu/financial-assistance



Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health



Financial Assistance Programs and Required Documentation

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.



FINANCIAL ASSISTANCE PROGRAMS

Presumptive Charity Care – Hospital 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
- Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
- 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 or Mental incapacitation with no one to act on your behalf

Charity Care – Hospital bill is reduced up to 100% and is subject to all required supporting documentation

- Family income is 201-300% of the Federal Poverty Guidelines
- Charity Care is initially approved automatically for a period of 3 months

Limited Income – Hospital bill is reduced by 75%

- Family income is 301-400% of the Federal Poverty Guidelines

Self-Pay or Uninsured Program – Hospital bill is reduced by 33 – 68% (Discounts are associated with family income levels and proof of residency):

- Family income is 301-600% of the Federal Poverty Guidelines
 - 68% discount for Illinois residents
 - 33% discount for Non-Illinois residents
- Family income is 601-1000% of the Federal Poverty Guidelines
 - 50% discount for Illinois residents
 - 33% discount for Non-Illinois residents
- Family income is above 1000% of the Federal Poverty Guidelines
 - 33% discount for both Illinois and Non-Illinois residents
- Rush University Medical Group Physician bills are reduced by 50% regardless of family income level

Payment Plans – Financial Counselors or customer service representatives will work with the patient to determine an appropriate monthly payment plan

** Financial Assistance Policies and Required Documentation are in effect as of January 1st, 2015*

REQUIRED SUPPORTING DOCUMENTATION

- **Fully Completed and signed Application for Financial Assistance**
- **Valid Photo-ID (may include one of the following):** Driver's license, State-issued ID or Government-issued ID
- **Proof of Illinois Residency* (if valid photo-ID is NOT available, may include one of the following):** Rent receipt or lease, Recent utility bill with Illinois address, Government-issued mail, letter from homeless shelter or Voter registration card
- ***Illinois residency includes 3 Indiana catchment counties (Lake, LaPorte and Porter)**
- **Tax Documents (ALL Required):** Most recent federal tax return (including schedules) and most recent W-2 and 1099 forms
- **Proof of Family Income (ALL required for the patient/guarantor and each household member):** Copies of 2 months of recent pay stubs, written income verification if paid in cash, including spouse/partner
- **Proof of Assets (ALL applicable documents required):** Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - Documentation of Assets are required if income is between 201% and 400% of the Federal Poverty Guidelines
 - Applicants may be responsible for an annual payment if assets exceed certain thresholds
 - If an annual payment is required it must be made within 90 days of the application completion date
 - Payments made in the prior year will be considered toward the % of assets paid