

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Rush Medical Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 07/01/2025

Purpose

The provisions of this policy apply to Rush University Medical Center (“RUMC”), Rush Oak Park Hospital (“ROPH”), Rush Copley Medical Center (“RCMC”), and Rush Medical Group (“RMG”). Collectively known as “**Rush**”. As part of Rush’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 or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient’s ability to pay. This policy describes those circumstances under which Rush may provide care without charge or at a discount based on a patient’s financial and clinical need, collectively referred to as Rush’s ‘Financial Assistance Programs’. This policy defines the guidelines and criteria to qualify for all components of Rush’s Financial Assistance Programs. Any financial assistance awarded will be applied to the patient’s responsibility for emergency or other medically necessary services only.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurance remaining after insurance. Patient’s copayments are not eligible for financial assistance. Similarly, financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code, the Illinois Hospital Uninsured Patient Discount Act (“**Discount Act**”) and the Illinois Fair Patient Billing Act (“**Billing Act**”) and the regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This policy will be separately adopted and reviewed annually by the governing bodies of each Rush hospital facility.

This Policy describes: (i) the eligibility criteria for financial assistance, and whether such assistance includes free or discounted services; (ii) the basis for calculating amounts charged to patients; (iii) the financial assistance application method; (iv) the collection actions Rush may take in the event of non-payment, including civil collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

Rush will comply with all federal, state and local laws, rules and regulations applicable to the conduct described in this policy. If the provision of financial assistance becomes subject to additional federal, state or local law requirements, and those laws impose more stringent requirements than are described in this policy, then those laws will govern how Rush administers its financial assistance program.

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle, CFO or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.** "Illinois resident" means any person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirements.

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
 - 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
 - Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance).
 - Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf
 - Incarcerated in a penal institution

This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.
3. **Charity Care Program** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 300% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.
4. **Underinsured Discount Program** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are underinsured and whose family income is greater than 300% and equal to or below 400% of the Federal Poverty Guidelines.
5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.
6. **Self-Pay Discount Program** – All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency
7. Additional approved programs included in "Addendum 1".

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

- a. Exhaust all efforts to reduce your self-pay balance by:
 - i. Applying for any state, federal or local assistance for which the individual may be eligible.
 - ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)

- iii. Applying all proceeds for medical care fundraising campaigns
- b. Provide all required documentation;
 - i. Complete Rush's Financial Assistance Application Form.
 - ii. Provide all supporting data required to verify eligibility, including supporting documentation verifying income.

Copies of the financial assistance application, instructions and required supporting data are available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

- c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
 - i. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.
 - ii. No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement.
- d. Complete the required application form truthfully;
 - i. If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire bill.
 - ii. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the missing information or documentation and provide the patient 30 days to submit the missing information. If the patient does not timely provide the missing information, Rush may commence collection actions as described below.
- e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
- f. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan.

Upon receiving a completed application form, Rush will make best efforts to communicate promptly with the patient the status of the patient's application and eligibility determination.

If a patient is approved for charity care, Rush will apply the applicable financial assistance discount to all open balances. Refunds of any previous payments, with the exception of co-pays, on accounts shall be reviewed and provided as required by law and based upon the approval of the Application for payments that were made prior to the completion of the Application.

Charity Care is initially approved for a period of 4 months and will remain valid for 12 months before a new Application would be required, as long as the Application has refreshed financial information every 4 months after the initial approval

If a determination is made that a patient has the ability to pay for medically necessary services, such determination does not prevent a future reassessment of the patient's ability to pay. Patient has the right to discuss their eligibility determination by contacting a Financial Counselor at the address and telephone number listed below.

Services Excluded from Financial Assistance

For purposes of this policy, "medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be "medically necessary" under this policy:

- Services defined by Medicare as non-covered. For example:
 - Elective procedures
 - Gastric bypass surgery
 - Experimental, including non-FDA approved procedures and devices or implants
 - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
 - Nonmedical services such as social and vocational services
 - Eating Disorder Program
 - Ophthalmology lens implants
 - Infertility
 - Orthodontic Care
 - Robotic Assisted Surgical Techniques, if there is other conventional treatment available
- Other exclusions:
 - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non- medically necessary services.
 - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient's insurance company.
 - Services or procedures not covered by insurance for lack of medical necessity.
- Private physician groups and physician practices are not required to provide discounts in accordance with this financial assistance policy. The complete list of these excluded providers is available in "Addendum 2" at the end of this document.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Calculating Amounts Charged to Patients

No individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The balance to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice to the patient that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such

action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the “ECA Initiation Notice”). Rush will also make a reasonable effort to notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no earlier than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, due to a patient’s nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate notices, described below, after which it may defer or deny (or request payment before providing) care immediately.

The notification requirement specific to this collection action is satisfied if Rush provides a copy of its financial assistance application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a financial assistance application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application.

The deadline to submit a financial assistance application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a financial assistance application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient’s health.

Payment Plans

Monthly payment plans are available for individuals with outstanding patient balances. For additional information please see our patient billing resources at <https://www.rush.edu/patients-visitors/billing>.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- Rush’s hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors’ attention.
- Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Forms in English, Spanish, Chinese-Mandarin, Tagalog and Polish.
- Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- Each hospital will include information on the availability of financial assistance in patient guides provided to patients in the emergency room, hospital admission, or registration areas.

Contact Us

To obtain a copy of the financial assistance application forms, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 416
Outpatient Radiology – Professional Building, Room 461
Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital) Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)
Rush Copley Medical Center - 2000 Ogden Ave, Aurora, IL 60504 (available at all Registration locations)

Rush University Medical Center, Rush Oak Park Hospital, and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:

Rush University Medical Center
1653 W. Congress Pkwy
415 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

Billing questions should be referred to:

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

Rush Copley Medical Center and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:

Rush Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Or email us at RC_Business_Office@rush.edu

Billing questions should be referred to:

Customer Service
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Email us at: RC_Business_Office@rush.edu

Definitions

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Services or other Medically Necessary care provided during an outpatient visit or inpatient stay to individuals eligible for Assistance under this Policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care. Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method.

Applicant: An Applicant is the person submitting an Application, including the Patient and/or the Patient's Guarantor.

Application: An Assistance Application.

Application Period: The period during which Rush must accept and process an Application in order to have made reasonable efforts to determine whether the Applicant is eligible for Assistance. The Application Period begins on the date the care was provided to the individual and ends on the 240th day after the date of the first post-discharge billing statement.

Billed Charge(s): The fees charged for a service based on the charge master in effect at the time of service prior to applying any contractual allowances, discounts, or deductions.

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, or other services identified and set forth in an appendix to this policy.

Extraordinary Collection Action: Those actions that Rush may take against an individual related to obtaining payment in full for a bill covered under the Assistance. These efforts may include requiring payment for previously-rendered care and/or placing a lien on a patient's property.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 USC 9902(2). The guidelines are attached in a separate table and will be adjusted annually following the release of the update poverty guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Guarantor: The individual who is financially responsible for services rendered to a patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income.

If the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.). Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act ("HUPDA"). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition. Rush includes the additional three collar counties of Lake, LaPorte and Porter.

Insured Patient: A patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that Rush offers Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this Policy; (ii) a brief summary of how to apply for Assistance under this Policy; (iii) a direct listing of a website address or URL and physical locations where a copy of this Policy and the Applications may be obtained; (iv) instructions on how to obtain a free copy of the Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of the offices or departments who can provide an individual with the Application process; (vi) availability of translations; and (vii) a statement that no Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

Addendum 1: Rush University Medical Center, Rush Oak Park Hospital, and Affiliated Providers

Additional Discounts Available

Available programs include the following:

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided

Ultra-Rare Disease

Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Affiliated Providers
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs – Addendum 2
Subject:	Financial Assistance Policy – Excluded Providers
Date:	7/1/2025

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush's Financial Assistance Program DO NOT apply to the following physicians or physician groups and/or their affiliated physicians. Therefore, any fees associated with these physicians or physician groups are excluded from the policy.

Physician Group:

All For Women Healthcare	Illinois Cardiovascular Specialists	The Gynecology Inst. of Chicago, Ltd
Ann & Robert H Lurie Children's Hospital	Illinois Retina Associates, SC	Thomas R. Mizen, M.D. & Assoc., LLC
Advocate Physician Partners	Innovative Care, LLC	UIC Physician Group
Apollo Emergency Physicians	Kehoe & Djordjevic, SC	University Anesthesiologists, SC
Aurora Emergency Physicians	Lake Street Family Physicians, SC	University Cardiologists
Benedict L Gierl MD and Associates	Marianjoy Medical Group	University Ophthalmology Assoc.
Cardiothoracic & Vas. Surg Assoc., SC	MD2 Chicago	University Pathology Diagnostics, SC
Center for Derm. & Aesthetic Med. LLC	Midwest Orthopaedics at Rush, LLC	UroPartners, LLC
Chicago Cornea Consultants, Ltd	Midwest Podiatry Services, LTD	Valley Imaging Associates
Chicago Eye Specialists	Millennium Park Medical Assoc., SC	Whole Beauty Institute
Chicago Glaucoma Consultants	MWM Medical, SC	Woman to Woman Healthcare
Christy Cardiology, Ltd	NAPA Anesthesia	Women's Health Consultants
Comprehensive Cntr for Women's Med, LLC	NCH Neurosciences Center	Your Health and Wellness
Dreyer Medical Group	Neurological Surgery & Spine Surgery	Zavala Internists, SC
Duly Health	North Shore Medical Associates	
Edmund J. Lewis & Associates, SC	Northstar Anesthesia	
Elmhurst Neuroscience Institute	NYE Partners	
Empact Emergency Phys. Partners	Palmer & Zavala, SC	
Encinas Medical Center	Pathology Associates of Aurora, LLC	
Esperanza Health Centers	Plastic and Reconstructive Surgery	
Eye Care, Ltd	Quest Diagnostics	
Eye Center Physicians, Ltd	Quintessential Care	
Fabric	Rehab Associates of Chicago	
From Pain to Wellness, LLC	Rheumatology Associates, SC	
Geriatric Care Partners	Select Medical	