



A Quick Guide to Hospital Financial Assistance Programs in Champaign County

If you need help paying a medical bill, or are not able to get access to affordable health care, you may be eligible for financial assistance at Carle or OSF Heart of Mary (formerly Presence). Individuals who are 200% of the federal poverty level (please see table below) and meet eligibility guidelines are able to receive a 100% discount for services! If you receive Medicaid or food stamps (SNAP), you are automatically eligible for a 100% discount.

The Carle Community Care Discount Program

- Individuals whose annual household income is at or below 200% of the FPL are eligible for a 100% discount, and people with higher incomes can receive discounts on a sliding scale.
- Discounts can cover past bills (there is no “look-back” period), even those that have been sent to collection agencies.
- Discounts apply to all medically necessary hospital and clinic bills, but do not cover oral surgery or prescription medications.
- Discounts are given for one year, and an individual can reapply each year to renew their application.
- Both insured and uninsured people are eligible.

The OSF Heart of Mary (formerly Presence) Financial Assistance Program

- Individuals whose annual household income is at or below 200% of the FPL are eligible for a 100% discount, and people with higher incomes can receive discounts on a sliding scale.
- Discounts are given for one year, and an individual can reapply each year to renew their application
- Discounts apply to all medically necessary hospital bills, including physicians’ fees at the hospital.
- Both uninsured and insured people are eligible.

To get more information about how to apply for financial assistance or get an application:

For the Carle Community Care Program:

- Call (888) 712-2753, or go to
- <https://carle.org/billing/Financial-Assistance/>

For the OSF heart of Mary (formerly Presence) Financial Assistance Program:

- Call (800) 421- 5700, or go to
- <http://www.osfhealthcare.org/billing/financial-assistance/>

| Hospital Financial Assistance Income Eligibility based on 200% of federal poverty level | |
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| If your family size is... | You must earn this amount or less annually to qualify for a 100% discount. |
| 1 | \$24,980 |
| 2 | \$33,820 |
| 3 | \$42,,660 |
| 4 | \$51,500 |
| 5 | \$58,840 |
| 6 | \$69,180 |

**Need help applying?
Call CCHCC’s Health Hotline at
(217) 352-6533**

**CCHCC
44 East Main, Suite 208
Downtown Champaign**

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