



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 Provena. 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 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 can cover past bills (there is no “look-back” period).
- Discounts apply to all medically necessary hospital bills, including physicians’ fees at the hospital.
- Discounts are given for 6 months after an application has been approved, and a bill must be incurred to apply.
- 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 Presence Financial Assistance Program:

- Call (888) 740-4111, or go to
- <http://www.presencehealth.org/financial-assistance/>

Hospital Financial Assistance Income Eligibility based on 200% of federal poverty level	
If your family size is...	You must earn this amount or less annually to qualify for a 100% discount.
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$65,160

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

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

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www.healthcareconsumers.org