Last Updated: 10/15/25

I. PURPOSE

To define the Financial Assistance Program at Ann & Robert H. Lurie Children's Hospital of Chicago and its Affiliates (henceforth referred to herein as "Lurie Children's") which provides free or discounted medically necessary care to eligible Patients in the community whose families lack the financial resources to pay.

II. POLICY STATEMENT

In alignment with its mission, Lurie Children's is committed to making health care services available to Patients of the Lurie Children's community who are unable to pay for medically necessary care received at Lurie Children's, including but without limitation to those who are uninsured, underinsured, ineligible for government programs, or otherwise unable to make payment.

Lurie Children's is dedicated to the value that medically necessary care should be accessible to all, without discrimination, regardless of ability to pay. All Patients will be treated for Emergency Medical Conditions in compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) without discrimination and regardless of their ability to pay or their eligibility for free or discounted care.

III. SCOPE

This policy applies to all emergency or medically necessary care provided by Lurie Children's and Lurie Children's Medical Group (LCMG). This policy is not binding upon providers of medical services who are not employed by Lurie Children's to provide medical services. Some specialty services, such as behavioral health treatment, may be approved after escalated review. Appendix A of this policy references information on providers delivering emergency or other medically necessary care at Lurie Children's whose services are covered as part of this policy. A list of providers that provide medical services at Lurie Children's but are not covered under this policy shall be available on the Lurie Children's website.

IV. DEFINITIONS

Specialized terms used throughout this policy are capitalized. Definitions of specialized terms used in this policy are included in Appendix B.

V. FINANCIAL ASSISTANCE OVERVIEW

Lurie Children's offers Financial Assistance through several programs, including free care and discounted care for uninsured and underinsured Patients. The programs are designed to ensure access to medically necessary care for eligible Patients.

Financial Assistance is funded and prioritized to help the greatest number of children, in accordance with hospital resources and community need. Oversight is provided by the Board of Directors and Finance Committee. Guidelines are overseen to comply with applicable laws and regulations.

VI. Eligibility Criteria

Eligibility for Financial Assistance is determined based on family size, income, and residency per Federal Poverty Guidelines (see Appendix C). Applicants must provide a completed application with all requested documentation. Lurie Children's may also use alternative qualification methods (e.g., credit reports, public records, etc.).

Eligibility criteria:

- Family Income, as documented on a completed Financial Assistance application with supporting documentation.
- Residency within Illinois or Lake, LaPorte, or Porter counties in Indiana. Proof of residency may include a state ID, utility bill, lease, or other acceptable documents.
- Patients must exhaust all third-party benefits/resources before becoming eligible for the Financial Assistance Program.
- For details on qualification through presumptive eligibility, see Section IX.

VII. Covered Services

Lurie Children's will provide Financial Assistance for all Medically Necessary Services for which the Patient meets clinical program criteria as determined by the provider.

Services Covered:

- Emergency medical care
- Inpatient and outpatient medically necessary care
- Professional fees billed by Lurie Children's or Lurie Children's Medical Group

Services Excluded:

- Non-medically necessary or cosmetic services
- Lab services obtained from non-affiliated laboratories
- Durable medical equipment (DME)
- Eyeglasses, contacts, hearing aids
- Self-pay package-priced services
- Non-formulary pharmaceuticals provided upon discharge for transitional purposes (except as required by the Cost-of-Care Discount)

Clinical screenings may be required to determine appropriateness of clinical care but will not affect eligibility to receive Financial Assistance.

Lurie Children's is not required to provide services not routinely available, including research trials or experimental treatments.

VIII. Application Process

Lurie Children's Financial Counseling (or designated representative) assist Patients and families applying for Financial Assistance prior to or during the course of treatment. Patient Financial Customer Service assists after services have been provided. Patient Revenue Cycle Operations processes applications and communicates Financial Assistance Determinations.

Applicant responsibilities:

A. A Patient or guarantor may request a Financial Assistance Application at any time.
B. Submit a completed Financial Assistance Application with all requested documentation within designated timelines.
C. Collaborate with Lurie Children's to identify and exhaust all other funding sources, including public assistance, before becoming eligible.
D. Actively communicate and ask/respond to questions throughout the application or reapplication process. Promptly communicate any changes in financial status or insurance.

Submission:
Applications can be submitted to:

Ann & Robert H. Lurie Children's Hospital of Chicago	
Admitting Office, 12th Floor 225 East Chicago Avenue Chicago, Illinois 60611 Phone: 877.924.8200 Fax: 312.227.9501	Patient Financial Customer Service 225 East Chicago Avenue, Box 44 Chicago, Illinois 60611 Phone: 312 227-7181 Fax: 312 227-9501

Processing Timeline:

A. Applications reviewed within 10 business days of receipt.
B. Determination communicated within 14 business days if complete.
C. If incomplete, Lurie Children's will notify the applicant. Additional information must be received within 60 days, or the application will be closed.
D. Each determination remains in effect for six months. Reapplication is required for continued assistance.

Lurie Children's may accept financial assistance determinations made by recognized community partners or healthcare organizations with comparable financial assistance policies, in lieu of requiring a separate application for shared patients.

- To qualify, the partner organization's financial assistance determination must be based on current Family Income and Federal Poverty Guidelines, and documentation of determination and supporting information must be verified in writing.
- Lurie Children's reserves the right to review or request additional information as necessary to ensure compliance with institutional standards and applicable law.

This reciprocity is intended to minimize barriers to care for vulnerable patients served by multiple organizations in the community.

IX. Determination Process & Notification

Eligibility determinations should be made as early as possible. For non-emergency services, determination should be made before scheduling.

Appeals & Exceptions:

- Patients/guarantors may appeal a determination within 30 days of notification of denial.
- Requests for exceptions to the policy must be submitted in writing to the Admitting Office or Patient Financial Customer Service.
- Appeals or exception requests are reviewed by the Financial Council (unless already approved by the VP, Revenue Cycle). The Financial Council's determination is final unless significant new information is presented.

Presumptive Eligibility

Certain Patients may qualify for 100% Financial Assistance without a full application if they meet specific criteria, such as:

- Enrollment in state or federally funded assistance programs with income criteria at or below 200% of FPG
- Mental incapacitation with no representative
- Homelessness
- Deceased guarantor with no estate
- Medicaid eligibility, but not on date of service

To qualify, the Patient or legal guardian must provide documentation. Lurie Children's may request additional documentation as needed. In some cases, attestation may be accepted.

If approved for presumptive eligibility, prior payments on outstanding balances are not eligible for refund.

X. Basis for Calculating Amounts Charges

Discounts are set forth in Appendix D and comply with the Illinois Uninsured Patient Discount Act and IRS 501(r).

XI. Billing & Collections

Financial Assistance applies only to self-pay balances, after all third-party benefits are exhausted (insurance, government programs, settlements, etc.).

Patients are screened for other payment programs and must cooperate with enrollment if found eligible. If the Patient fails to enroll in available programs after notification, they may become ineligible for Financial Assistance. Documentation of all efforts to enroll the patient must be maintained.

For Patients with out-of-network insurance, Financial Assistance may not apply unless a single-case agreement is signed by Lurie Children's and the Patient's insurance plan. Emergency Services are exempt from this requirement.

If a Patient or guarantor has overpaid or if credits remain after exhaustion of third-party benefits and application of financial assistance, refunds will be reviewed by Lurie Children's Patient Revenue Cycle Operations and provided as required by law.

Limits are placed on extraordinary collection actions. Patients are notified of possible actions at least 30 days in advance and during the 240-day application period post-service.

XII. Notification & Communication of Policy

Lurie Children's takes the following steps to notify Patients, guarantors, families, and the community of the Financial Assistance Program:

- Signage: Conspicuous signs in high-traffic areas (admitting, emergency, ambulatory registration).
- The Financial Assistance Plain Language Summary: Provided during admission/check-in; available in person or by mail at no charge.
- The FA Policy/Application: Provided during admission/check-in as appropriate; also available upon request in person or by mail at no charge.
- Financial Counseling: Sessions with registrars, patient accounting, or financial counselors available as needed.
- Website: Policy, application, and plain language summary posted online in accessible format; direct URLs provided.
- Billing Statements: Include written notice of financial assistance and contact information.
- Direct Communication: Application provided before discharge; oral communications about assistance as appropriate.

- Written Notice: At least one written notice before any collection actions, provided at least 30 days before the deadline.
- Community Outreach: Policy information shared with community agencies.
- Financial Assistance Program Primary Languages. Translation of materials available in English, Spanish, Polish, Chinese, Arabic, and other languages per law.

XIII. Program Administration & Governance

- Oversight: Financial Assistance is prioritized to maximize community impact, preserve resources, and ensure long-term sustainability. Program guidelines are overseen by the Lurie Children's Board of Directors, Finance Committee.
- Compliance: All Financial Assistance is provided in accordance with applicable laws and regulations.
- Reporting: Required information regarding the Financial Assistance Program will be reported to the appropriate government agencies.
- Policy Review and Updates: The policy is reviewed annually or more often as needed. The Vice President, Revenue Cycle may approve non-substantive updates (e.g., FPG updates, address changes).
- Program Operations: The Revenue Cycle Division, led by the Vice President, Revenue Cycle, is responsible for ongoing program administration, monitoring, and compliance. Responsibilities include:
  - Maintaining controls to assess eligibility.
  - Ensuring effective communication and notification of the policy
  - Accurate documentation and maintenance of patient financial assistance status
  - Responding to inquiries and calculating amounts billed

XIV. Related Policies/References

- Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]
- Illinois Fair Patient Billing Act [210 ILCS 88/]
- Internal Revenue Code Section 501(r)
- Social Security Act [42 U.S.C. 1395dd]

XV. APPENDICES

A. Lurie Children's Affiliates
B. Definitions
C. Federal Poverty Guidelines
D. Patient Financial Discounts
E. Financial Assistance Application

XVI. APPROVAL

COMMITTEE	DATE
Board of Directors, Finance Committee	04/2024, 08/2025
Administrative Policy & Procedure Committee	11/15/2004,1/29/2007,11/5/2007, 2/4/2008, 9/1/2010, 6/1/2019, 6/2021, 10/2022, 08/2025
Medical Center Operations Committee	01/19/2005, 03/30/2005
Executive Medical Board	11/28/2001, 11/5/2003, 12/1/2004, 4/13/2005

XVII. REVIEW HISTORY

Date Written: 01/01/1992

Date Reviewed/Revised: 11/09/2001, 10/06/2003, 11/15/2004, 04/15/2005, 08/30/2005, 02/08/2006, 01/29/2007, 11/05/2007, 02/04/2008, 08/15/2010, 02/24/2015, 05/2019, 04/2021, 08/2022, 08/2025

APPENDIX A: LURIE CHILDREN'S AFFILIATES

I. Ann & Robert H. Lurie Children's Hospital of Chicago
II. Lurie Children's Medical Group, Inc.

APPENDIX B: DEFINITIONS

A. **Affiliates**: Those entities referred to in the provider list appendix.

B. **Amounts Generally Billed (AGB)**: The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided by Lurie Children's, to individuals eligible for Financial Assistance, under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care ("Amounts Generally Billed"). Calculation of the AGB Discount shall be in accordance with law based on the look-back method. Lurie Children's shall calculate its own Amounts Generally Billed Discount. A written explanation of the method used at Lurie Children's can be obtained by contacting the Lurie Children's Patient Financial Counseling Department.

C. **Application**: The Lurie Children's Financial Assistance Program application.

D. **Application Period**: The period during which Lurie Children's must accept and process an application submitted by Patient/guarantor in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance. With respect to any care provided by Lurie Children's to an individual, the Application Period begins on the date the care is provided to the individual and ends on the 240th day after the date Lurie Children's (i.e. mails, sends electronically, or delivers by hand) the individual with the first post-discharge billing statement for the care.

E. **Discount**: Care provided at less than Billed Charges other than Free Care. Discounts include the Uninsured Care Discount and the Amount Generally Billed Discount

F. **Emergency Medical Condition**: A condition manifesting itself by acute and severe symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that: 1) the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (including the health of an unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part; or 2) with respect to a pregnant woman who is having contractions, there is insufficient time to safely transfer the woman to another hospital before delivery, or the transfer may pose a threat to the health or safety of the woman or the unborn child. A woman having contractions is presumed to be in labor unless qualified medical personnel certify, after a reasonable time of observation that the woman is in false labor.

G. **Emergency Services**: Emergency Services include services received through the Emergency Department for an Emergency Medical Condition.

H. **Extraordinary Collection Actions (ECAs)**: Those actions that Lurie Children's may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. This may include, by way of example:
    i. Reporting the unpaid bills to credit agencies.
    ii. Taking legal action, like going to court, or placing a lien on guarantor's property.
    iii. Selling the unpaid bill to another company.

I. **Family Size**: The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals residing in the Applicant's family. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include family members of the individual claiming dependency.

J. **Family Income**: Income attributable to the Patient's eligible guarantors based on definitions used by the U.S. Bureau of the Census. Family 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 family, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Family Income.
    i. For the purposes of this policy, Family Income is equal to the adjusted gross income listed by all eligible guarantors on their most recent tax return(s), adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income not included in adjusted gross income but available to Applicant.
    ii. If the eligible guarantors indicate that the adjusted gross income listed on their most recent tax return(s) is not accurate (e.g. no longer employed or being paid a different amount), the Family Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.)

K. **Federal Poverty Guidelines ("FPG")**: The Federal Poverty Guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). The FPG shall be adjusted annually in the Policy after its revision and publication by the federal government in the Federal Register.

L. **Financial Assistance**: Amounts attributable to Free Care or Discounted Care provided to Patients who are eligible for Financial Assistance under various programs (collectively,

"Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services.

M. **Financial Council**: The Financial Council is comprised of the Chief Medical Officer, the Chief Financial Officer, the Department Heads of Surgery and Pediatrics or their designees, a representative from the Faculty Practice Plan, Vice President, Revenue Cycle, Vice President Managed Care, and others, as appropriate.

N. **Free and Charitable Clinic**: A 501(c)(3) tax-exempt healthcare organization providing health services to low-income uninsured or underinsured individuals that is recognized by either the Illinois Association of Free and Charitable Clinics or the National Association of Free and Charitable Clinics.

O. **Guarantor**: The individual who is financially responsible for services rendered to the Patient.

P. **Lurie Children's Community**: The primary service area of Lurie Children's is defined as residents of the state of Illinois, or in one of following counties of Indiana: Lake, LaPorte, or Porter.

Q. **Medically Necessary Services**: Medically necessary means that a service, drug, or supply is necessary and appropriate for the diagnosis or treatment of an illness or injury in accord with generally accepted standards of medical practice at the time the service, drug, or supply is provided. This would not include services that are deemed non-medically necessary, such as cosmetic services.

R. **Non-Covered Services**: Medical care services that are not covered by a Patient's insurance plan benefits. Patient and/or eligible guarantors are financially responsible to pay for all non-covered services when notified in advance. Insurance Coverage for medical services varies by insurance policy. For example, Medicare will pay for an annual physical exam as part of a covered service. However, Medicare does not pay for normal dental procedures. If a Patient is not notified prior to service delivery that their service or drug is a non-covered services based on feedback from the Patient's insurance company, they will not be held responsible for the full charges.

S. **Out of Network**: A Patient is considered Out of Network if the provider or the facility providing care does not have a negotiated contract with the Patient's health insurance plan.

T. **Patient**: The individual receiving medical services.

U. **Plain Language Summary**: A clear, concise, and easy-to-understand written statement that notifies an individual that Lurie Children's offers Financial Assistance and provides the following information:

i. A 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 (including room numbers) where a copy of this policy and Financial Assistance Applications may be obtained.
iv. Instructions on how to obtain a free copy of the Financial Assistance Policy and Application by mail.
v. Contact information (including telephone numbers and physical location, if applicable) of offices or departments who can provide an individual with assistance with the Application process.
vi. Availability of translations; and
vii. A statement that no Financial Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

V. Public Health Insurance Program: Medicare, Medicaid, medical assistance under the Non-Citizen Victims of Trafficking, Torture, and Other Serious Crimes program; Health Benefit for Immigrant Adults; All Kids; or other medical assistance programs offered by the Illinois Department of Healthcare and Family Services.

W. **Self-Pay Package-Priced Services:** Multiple services offered together for a single price which is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

X. **Uninsured:** When a Patient is not covered under a policy of health insurance and is not a beneficiary of Public Health Insurance Program or other Health Coverage Program, including high deductible insurance plans, workers compensation, accident liability insurance or other third-party liability.

APPENDIX C: FEDERAL POVERTY GUIDELINES

Family Size	Federal Poverty Level	200%	400%	600%
1	$15,650	$31,300	$62,600	$93,900
2	$21,150	$42,300	$84,600	$126,900
3	$26,650	$53,300	$106,600	$159,900
4	$32,150	$64,300	$128,600	$192,900
5	$37,650	$75,300	$150,600	$225,900
6	$43,150	$86,300	$172,600	$258,900
7	$48,650	$97,300	$194,600	$291,900
8	$54,150	$108,300	$216,600	$324,900
+1	$ 5,500	$11,000	$22,000	$33,000

APPENDIX D: PATIENT FINANCIAL DISCOUNTS

A. Insured Patient Discount
   i. Insured Patients eligible for discounted care, with annual Family Income less than or equal to 400% FPG, shall receive a discount of 100%.

B. Self-Pay Patient Discount
   i. Medical Services that are not billed to insurance, but paid for directly by the patient or guarantor, will be discounted at a 30% rate from billed charges.

C. Uninsured Patient Discount
   i. Uninsured Patients eligible for discounted care, with annual Family Income less than or equal to 600% FPG, shall receive an Amount Generally Billed (AGB) discount. This discount calculates 135% of "Cost as Calculated" in "Medicare Cost Report Worksheet C" whenever Financial Assistance is considered. Lurie Children's will then adjust the Patient's liability by the discount calculation that is most beneficial to the Patient for all medically necessary health care services exceeding $150 in any one inpatient admission or outpatient encounter.
   ii. In compliance with the Illinois Uninsured Patient Discount Act, Lurie Children's shall provide the following protections for eligible Uninsured Patients:
      a. A charitable discount of 100% of its charges for all medically necessary health care services exceeding $150 in any one inpatient admission or outpatient encounter, to any Uninsured Patient who applies for a discount and has Family Income of not more than 200% of FPG.
   iii. For Uninsured Patients with annual Family Income less than or equal to 600% FPG, their total payment shall not exceed, during any twelve-month period, 20% (Maximum Collectible Amount) of the Patient's Family Income. This maximum is subject to Patients' continued eligibility under this Policy.
   iv. Eligibility verification for this discount is confirmed as part of the Financial Assistance Application Process.

D. Hardship Assistance
   i. Patient families experiencing financial hardship and who have been denied Financial Assistance based on income and family size guidelines may qualify for hardship relief.
   ii. Eligibility verification for this discount is confirmed as part of the Financial Assistance Application Process.

APPENDIX E: FINANCIAL ASSISTANCE APPLICATION