



BE STRONGER | CARE HARDER | LOVE DEEPER

Sinai Health System Financial Assistance Policy – Plain Language Summary

1. Eligibility and types of financial assistance under the Financial Assistance Policy (FAP).
 - a. For eligible hospital services, Free Care will be provided to patients who (i) are uninsured and/or underinsured with annual family incomes not in excess of 300% of the Federal Poverty Level (FPL), and (ii) have exhausted all other payment options, including private coverage, federal, state, and local medical assistance programs, and other forms of assistance provided by third parties.
 - b. For eligible hospital services, Discounted Care will be provided to patients who (i) are uninsured with annual family incomes equal to or greater than 300% of the FPL, and (ii) have exhausted all other payment options and other forms of assistance provided by third-parties.

2. To apply for financial assistance under the FAP, submit completed FAP application and the following documentation, in person or via mail, to the addresses listed in 3(b) below:
 - a. Government-issued Photo Identification (if available)
 - b. Proof of Income
 - IRS tax returns for the most recent calendar year;
 - All W-2 and/or 1099 forms for the most recent calendar year;
 - Last two current paystubs or any official documents from an employer if paid in cash;
 - One other reasonable form of income verification deemed acceptable by Sinai, such as pension documentation, employer’s written verification (if paid in cash), social security benefits or child support checks; and/or
 - A room and board letter;
 - a. Proof of Dependents
 - Birth certificates of each dependent child, or other supporting documentation.
 - b. Proof of Illinois Residency - provide one (1) of the following forms of proof:
 - Any of the documents requested as part of income verification;
 - Illinois Voter registration card;
 - A lease agreement;
 - A vehicle registration card;
 - Mail addressed to the uninsured patient at an Illinois address from a governmental or other credible source;
 - Alternative sources may be utilized, when available, to validate residency.
 - c. If you needed healthcare because you were the victim of a crime, please bring a copy of the police report.



BE STRONGER | CARE HARDER | LOVE DEEPER

3. Free copies of the FAP, FAP application forms, and plain language summary (in English and Spanish) can be obtained:
 - a. Via download from <https://www.sinai.org/financial-assistance-0>;
 - b. Via mail by writing to:
 - Mount Sinai Hospital
Financial Counseling C1200
2750 W. 15th Street
Chicago, IL 60608

 - Holy Cross Hospital
Financial Assistance Office
2701 West 68th Street
Chicago, IL 60629

 - Schwab Rehabilitation Hospital
1st Floor Registration
1401 South California Avenue
Chicago, IL 60608
 - c. By phone: contact Financial Counselor at (773)257-1777 between 7:30 a.m. and 4:30 p.m., Monday through Friday;
 - d. In person: visit a Financial Counselor at Mount Sinai Hospital or Holy Cross Hospital (see addresses in 3b) between 7:30 a.m. and 4:30 p.m. Monday through Friday.
4. For further information, assistance for the FAP process, or how to complete the FAP application, contact Financial Counselors at Mount Sinai Hospital and Holy Cross Hospital (see contact information in (3) above).
5. Individual deemed eligible for financial assistance under the FAP may not be charged more than amount generally billed (AGB) for emergency or other medically necessary care.