



Christian Assistance Program

*Income Based
Financial Support
Meeting Needs
Preserving Dignity*



St. Elizabeth's Hospital

Christian Assistance Program

In support of the hospital's mission of caring for the poor, sick and afflicted regardless of race, color, creed, or financial status this program has been developed to provide financial assistance for payment of services based on the ability to pay. Eligibility is determined through guidelines designed to ensure the resources provided to assist our patients are dispersed to those who are least able to pay.



To Apply:

- Complete Request for Financial Assistance form (forms can be obtained at the Cashier's Office or by calling the Patient Accounts Dept. at 234-8600) and return by deadline date. If help is needed someone will be glad to assist you.
- Provide evidence that all other avenues of assistance have been pursued, including private insurance and public aid where appropriate.
- Provide List of Assets (what you own).
- Provide List of Monthly Expenses.
- Provide Documentation of all Household Income for the past twelve (12) months that is appropriate for you. Proof of future income should be submitted if you are scheduled to start a new job.
 - * _____ Copy of most recent federal/state income tax return.
 - * _____ Copy of W2 withholding statements
 - * _____ Copy of last three (3) months payment stubs or written statement of earnings from employer(s) reflecting last three (3) months earnings.
 - * _____ Checking and savings accounts statements from the last three (3) months earnings.
 - _____ Monthly social security benefit statement(s) and/or other monthly retirement benefit statement(s).

- _____ Unemployment/worker's compensation check stubs.
- _____ Alimony/child support statements.
- _____ Letter from person giving support if you are currently unemployed.

* Required for processing of application.

Where to Send Application:

Send completed application with copies* of proof of income to:

**St. Elizabeth's Hospital
Attn: Pt Accts Dept/CAP
211 South Third Street
Belleville, IL 62222**

* We will not be responsible for copying or returning original documents.

If You Qualify

- Applicant will be notified in writing that they are eligible and what amount of assistance has been allowed.
- Adjustment will be made to bill and payment plan will be established on remaining balance, if one exists.
- Application will be held on file and will remain valid for six (6) months for future visits.

If You Do Not Qualify

- Applicant will be sent a letter stating the reason for ineligibility along with an itemized statement.
- Applicant must make financial arrangements to pay the enclosed statements with a patient account representative within ten (10) business days or the balance will be due within thirty (30) days
- Applicants are eligible to reapply for assistance if their financial situation changes by calling the business office at 618-234-8600 for reevaluation of eligibility.

Mission

The mission of St. Elizabeth's Hospital is to minister to those in need of healthcare in response to God's call to serve each other, especially the poor. In the performance of its mission, St. Elizabeth's Hospital will foster the values of Respect, Care, Competence, and Joy. St. Elizabeth's Hospital is committed to performing its mission through cooperation with other healthcare providers and the community, whenever possible.

Hospital Sisters Health System CORE VALUES

Our values express the Franciscan spirit and our special charisma.

We serve with:

Respect

Care

Competence

Joy



St. Elizabeth's Hospital

An Affiliate of Hospital Sisters Health System

Customer Service Department

211 South Third St., Belleville, IL 62220

phone 618/234/8600

fax 618/222/4628 or 618/222/4703

web www.steliz.org