

To learn more about SIH Healthcare Assistance Program, obtain a free copy of the HAP application, policy, and plain language summary, or obtain assistance with the HAP application process, please speak with a Financial Counselor Monday – Friday from 8:00 am to 4:30 pm at any of the following locations:

Memorial Hospital of Carbondale

405 W Jackson
Carbondale, IL 62902
Phone 618.549.0721
ext. 64572
Fax 618-351-6540

Herrin Hospital

201 S 14th Street
Herrin, IL 62948
Phone 618.942.2171
ext. 36458
Fax 618-351-6540

St. Joseph Memorial Hospital

2 S Hospital Drive
Murphysboro, IL 62966
Phone 618.684.3156
ext. 55331
Fax 618-351-6540

Harrisburg Medical Center

100 Dr. Warren Tuttle Dr
Harrisburg, IL 62946
Phone 618.253.0251
Fax 618-253-0475

HMC Clinic at Marion

3106 Outer Dr.
Marion, IL 62959
Phone 618.253.0251

Eldorado Primary Care

1007 US Hwy 45 North
Eldorado, IL 62930
Phone 618.253.0251

Confidential appointments and language translation services are available upon request.

A free copy of the HAP application, policy, and plain language summary is available online at sih.net/hap

You may also obtain information by sending a written request to any of the addresses listed in the brochure. Please be sure to add Attention: Financial Counselor

HAP application, policy, and plain language summary are available in English, Spanish and Arabic.

SIH adheres to its values of respect, integrity, compassion, accountability, collaboration, stewardship and quality.

Our Mission

We are dedicated to improving the health and well-being of all of the people in the communities we serve.

sih.net



Healthcare Assistance Program

Help with your hospital bill



Healthcare Assistance Program

SIH's Healthcare Assistance Program (HAP) is designed to help patients who cannot pay their hospital bill. HAP applies to emergency and other medically necessary care provided by SIH hospitals, as well as for certain providers delivering care in SIH facilities.

To receive assistance, generally patients must complete and submit a HAP application and provide supporting documentation. Certain circumstances may not require an application.

SIH provides free care to all patients whose income is less than or equal to 200% of the Federal Poverty Guidelines, and partial assistance based on a sliding scale for those patients whose income is up to 600% of the Federal Poverty Guidelines.

No one eligible for financial assistance under the HAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance coverage. Please refer to the full HAP policy for complete details on available assistance.

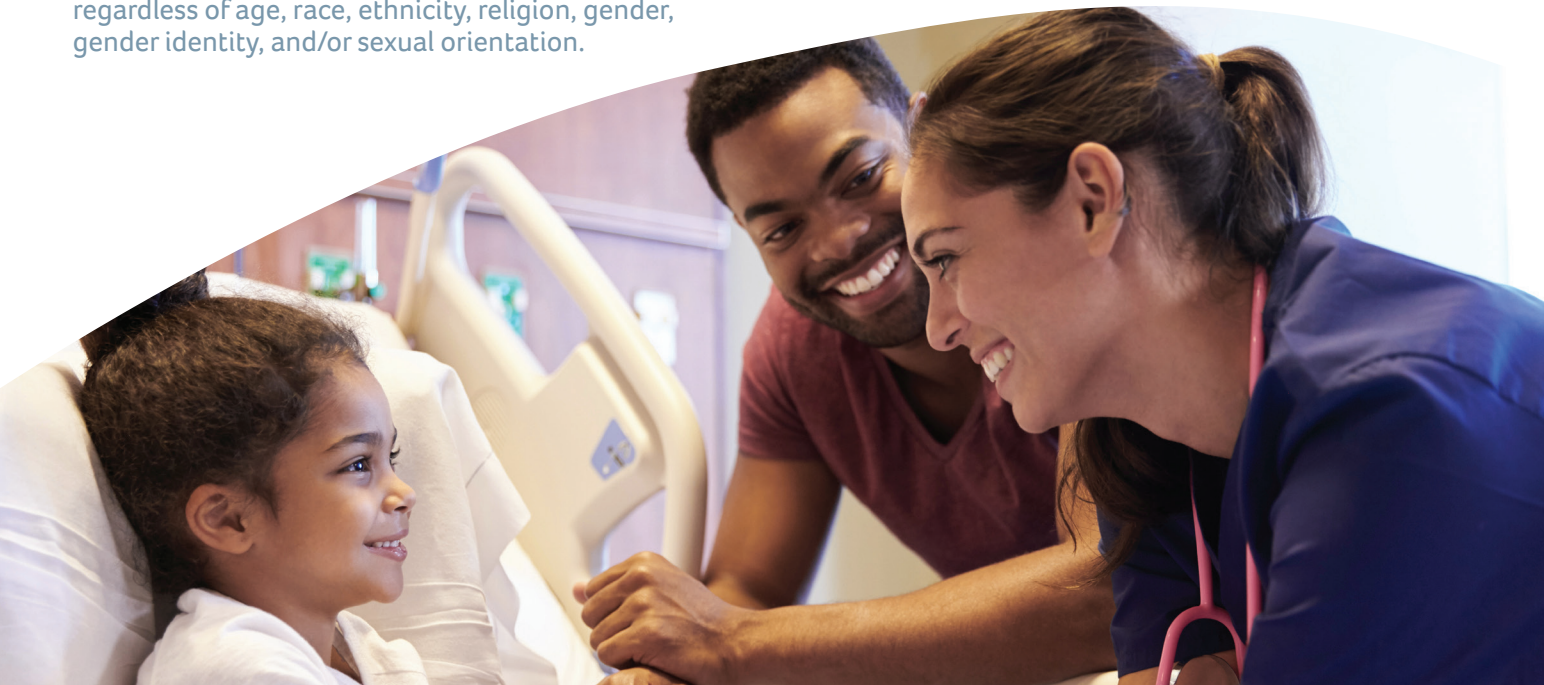
The Healthcare Assistance Program is widely available to all patients. Applications are processed regardless of age, race, ethnicity, religion, gender, gender identity, and/or sexual orientation.

Uninsured patients are given the opportunity to be screened for public health insurance programs and/or the Healthcare Assistance Program.

Complaints concerning the uninsured patient discount applied or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General at illinoisattorneygeneral.gov/consumers/hcform.pdf or by calling 1-877-305-5145.

MyChart

SIH offers a convenient on-line option, available 24/7, to apply for the Healthcare Assistance Program. The application and complete instructions can be found by simply logging in to mychart.sih.net and choosing Billing and Financial Assistance.



“SIH provides the same quality care to all people seeking medical services regardless of their ability to pay.”