

Norwegian American Hospital

Plain Language Summary of Financial Assistance Policy

Norwegian American Hospital (NAH) is a not-for-profit organization with a mission to provide high quality and compassionate health care services by partnering with patients and their families, employees, physicians and the communities served by NAH. Norwegian American Hospital recognizes that not all individuals have the ability or means to purchase essential medical services. This financial assistance policy is in keeping with the NAH's commitment to serve all members of the community and is intended to assist patients based on family financial resources.

Eligibility

Norwegian American Hospital patients with annual family incomes of less than six-times the federal poverty level, and with limited assets, will be eligible for NAH financial assistance.

The following table is based on the federal poverty level for 2016

Persons in family/household	Income - 600% of Poverty
1	\$71,280
2	96,120
3	120,960
4	145,800
5	170,640
6	195,480
7	220,380
8	245,340

Type of Assistance

Family income and assets will be used determined whether you receive free or discounted care. Free care is available to patients with limited assets and family income equal to or less than two-times the poverty level. Discounted care is available to patients with limited assets and family income greater than two-times the poverty level but less than six-time poverty.

Fees Charged Patients Eligible for Financial Assistance

Patients eligible for financial assistance, and having no insurance coverage, will be expected to pay no more for emergency and medically necessary care than that paid by Medicare Prospective Payment System.

For More Information

Information on the NAH financial assistance policy will be made available to patients and the community served by NAH and on the NAH website. To access or request a complete financial assistance policy, an application, or for assistance completing the application, contact:

Norwegian American Hospital
Director of Patient Financial Services
1044 N. Francisco Avenue
Chicago, IL 60622
www.nahospital.org
877-NAH-9333

Translations

To request information on financial assistance, obtain an FAP application form, contact the NAH Patient Financial Services at 877-NAH-9333