



Financial Assistance Policy – Plain Language Summary

Financial Assistance Offered

Memorial Hospital of South Bend offers financial assistance through our financial assistance policy for patients unable to pay for emergency or medically necessary care.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors including the nature of the condition and care required, other sources of payment (including personal injury claims and cooperating with applying for other assistance programs), income (Federal Poverty guidelines used to determine the amount of financial assistance offered), and family size.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges. Patients must fully comply with the application process including submitting required documentation as well as completing the application process for all available sources of assistance including Medicaid or other similar funding programs.

How to Apply for Assistance

Patients and/or Guarantors should sign and complete an application and return the application with all required documents to Memorial Hospital of South Bend for processing. Fully completed applications and documents should be submitted to:

Memorial Hospital of South Bend
615 N. Michigan St., South Bend, IN 46601

Where to Obtain Copies

Our Financial Assistance Policy and Application are available free of charge by calling Patient Account Services at 574-285-4684 and requesting a copy by mail or email. The policy and application are also available online at www.beaconhealthsystem.org/assist for downloading and printing. Copies of the policy and application are also available in our admissions area and Emergency Department.

Memorial Hospital of South Bend, Attn: Patient Account Services
615 N. Michigan St., South Bend, IN 46601

Contact for Information and Assistance

Additional information about our Financial Assistance Policy and assistance with the application process can be obtained from Patient Account Services by:

- Calling Customer Service 574-285-4684
- Presenting to the Cashier's office located at 615 N. Michigan St, South Bend, IN

No More than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.

Translations

Translations of the policy, application and this Plain Language Summary are also available in Spanish at all locations and online at www.beaconhealthsystem.org/assist.