

The John and Mary E. Kirby Hospital

Kirby Care Assistance Program

Our Mission Statement

The John and Mary E. Kirby Hospital is committed to affordable and accessible quality health care delivered in a personal and professional manner to residents of Piatt County and the surrounding areas.

Kirby Hospital understands that not all people are able to pay their hospital bills due to a variety of financial reasons. As part of our mission statement and not-for-profit purpose, the hospital has the “Kirby Care Assistance Program” to assist those people who cannot pay their hospital bill by offering discounted or free care. The following bullet-points summarize how the program works.

1. We may ask you to apply for public assistance before granting a discount on your bill. We are available to assist you in completing the necessary forms if you require the assistance.
2. Discounted or free care will only be approved after all third-party payers have paid their portion of the bill as well as public aid and worker’s compensation. Any balance remaining can be considered for discounted or free care.
3. Your eligibility will be calculated based on your last 12 months of income and we will ask you to supply documentation about your income. As well, a reasonable amount of certain assets, such as investments and savings accounts that you may have will be included in the calculation. However, we will not include in the calculation any value you have in your home or automobile. The discount levels allowed are in the following table. Additionally, we have included a sample calculation.

| Kirby Care Assistance Discount Level | 100% | 75% | 50% | 25% |
|--------------------------------------|----------|----------|----------|----------|
| Federal Poverty Level | 150% | 180% | 210% | 250% |
| Family Size | | | | |
| 1 | \$16,245 | \$19,494 | \$22,743 | \$27,075 |
| 2 | \$21,855 | \$26,226 | \$30,597 | \$36,425 |
| 3 | \$27,465 | \$32,958 | \$38,451 | \$45,775 |
| 4 | \$33,075 | \$39,690 | \$46,305 | \$55,125 |
| 5 | \$38,685 | \$46,422 | \$54,159 | \$64,475 |
| 6 | \$44,295 | \$53,154 | \$62,013 | \$73,825 |
| 7 | \$49,905 | \$59,886 | \$69,867 | \$83,175 |
| 8 | \$55,515 | \$66,618 | \$77,721 | \$92,525 |
| Each Additional | \$5,610 | \$6,732 | \$7,854 | \$9,350 |

The following is a sample calculation of a discount that would be applied if you were a family of 4 people:

| Family of 4 | |
|---|------------|
| Gross Annual Income: | \$ 25,000 |
| Cash/Liquid Assets: | |
| Checking Account | \$ 500 |
| Savings Account | \$ 2,178 |
| CD's | \$ - |
| Investments | \$ 8,000 |
| | \$ 10,678 |
| Protected Amount | \$ (2,000) |
| Assets to include in income: | \$ 8,678 |
| | |
| Annual Income plus Assets: | \$ 33,678 |
| | |
| Kirby Care Assistance Discount Level based on \$33,678 of annual income. | 75% |

Based on the above calculation, you would be eligible for a 75% discount on balances owed to the hospital for the next 12 months.

We will determine if you qualify for the Kirby Care Assistance Program within 10 working days of receipt of all needed information. If we are unable for some reason to determine your eligibility within that time period, we will notify you as to the reason for the delay.

Applications for discounted or free care are made on a case-by-case basis and any approved discount level is good for 12 months from the date the application is approved. After 12 months, you will need to reapply to receive a discount.

If your application for Kirby Care Assistance is not accepted, you may appeal the decision to Dave Harms, the Chief Financial Officer.

If you have other questions, please feel free to contact Kirby Hospital and speak to someone in the Business Office and tell them you want more information on the Kirby Care Assistance Program. Thank you for helping us continue our "Tradition of Caring!"