

PARTNERS IN CARE:

HELPING YOU UNDERSTAND
AND MANAGE YOUR
HEALTHCARE
COSTS



P.O. BOX 7005
QUINCY, IL 62301

217.223.8400
ext. 4120

[blessinghealth.org](https://www.blessinghealth.org)



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*Blessing Health System
does not discriminate against
any person on the basis of race,
color, national origin, disability,
age or payor source in admission,
treatment, or participation in
its programs, services and
activities, or employment.*

*Thank you for allowing our
staff at Blessing Health System
the privilege of providing
your healthcare.*



Thank you for choosing Blessing Health System for your medical needs. Our highest priority is caring for you and exceeding your expectations.

Blessing Health System and you are partners in your care. Your overall health is very important to us; both physical and financial. Medical costs are often unexpected and not all costs are covered by insurances or Medicare. Knowing your medical costs early in the process helps you better plan for and manage those costs.

Blessing Health System offers several payment arrangements and plans to assist you and make your payments more manageable.

Price Transparency

Blessing Health System is committed to price transparency. For questions about the cost of care, please contact a Financial Account Specialist at (217)-223-8400 extension 4330.

Options Available to You

Payments may be made by cash, personal check, Money Order, Health Savings, credit or debit card.

Uninsured Discount

Call our Patient Financial Services office for more information on this discount.

Payment Plan

Your balance can be divided into 10 equal payments, or \$35.00, whichever is greater.

Bank Loan Option

Patient account balances can be made in payments up to 18 months with 0% interest. Extended loan options are available up to a 7 year term.

Financial Assistance

For those who qualify, Blessing Health System is committed to providing financial assistance for the uninsured/underinsured based on individual financial need.



Applying for Financial Assistance

What Information is Needed:

- Copies of your last 3-4 paycheck stubs
- Proof of income such as social security, unemployment, disability, pensions, child support, alimony or foster care
- Copy of your most recent filed Federal 1040 Income Tax Return including all Schedules, W-2 Statements, and 1099 Forms.

FOR MORE INFORMATION:

Please call Blessing Hospital Patient Financial Services at 217.223.8400 extension 4120.