



Financial Assistance Program

In order to complete an application for financial assistance at Hospital Sisters Health System we need the item(s) that are checked below.

If you have questions, please contact us at the telephone number listed below. Your cooperation is appreciated.

- W-2 withholding statements
- Most recent federal/state income tax forms
- Paycheck/Unemployment check stubs (past 3 months) or written statement of earnings from your employer (past 3 months).
- Forms approving or denying Unemployment, Workers Compensation or Assistance from the Department of Public Aid
- Statement of annual benefits from Social Security
- Checking/savings account statements (past 3 months)
- Letter explaining your situation
- Other: _____
- Other: _____
- Other: _____

HSHS Central Illinois Division Patient Financial Services

Springfield, Decatur, Litchfield, Streator

(217) 525-5615 or toll-free (888) 477-4221