Baptist Health

Arkansas Health Group
A Baptist Health Affiliate

Patient Financial Services
11001 Executive Center Drive
Suite 100
Little Rock, AR 72211

FINANCIAL ASSISTANCE GUIDELINES PLAIN LANGUAGE SUMMARY

Since 1920, Baptist Health has provided patient-centered services with Christian compassion and personal concern. Consistent with our mission, Baptist Health offers financial assistance to eligible patients. Baptist Health will provide emergency or medically necessary care to individuals regardless of their ability to pay.

Patients without insurance (who do not qualify for any third party or government health benefits) will receive an automatic discount of 74% is off of Hospital charges only. Baptist Health uses a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period. The discount will be taken before a patient's billing statement is sent. Questions about the uninsured discount should be directed to Patient Financial Services at (501) 202-3900.

For insured or non-insured, additional financial assistance discounts are available on a sliding scale based upon income levels of the current Federal Income Poverty Guidelines. Up to 100% of billed charges may be provided based on completion and evaluation of an Application for Financial Assistance, with required supporting documentation. Financial need does not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. Patients who are eligible for Financial Assistance cannot be charged more than the amounts generally billed for emergency or other medically necessary care.

ELIGIBILITY CRITERIA

Baptist Health will perform an assessment of medical necessity and financial ability, and based on the assessment results, may provide free or discounted care to patients who qualify for financial assistance under this policy. Baptist Health does not delay care for patients who have a past due financial balance. Standard procedures will be followed in determining eligibility.
To be eligible for financial assistance, the following steps must be completed:

1. Answer all questions completely
2. Sign and date the Application for Financial Assistance
3. Attach a copy of all required documentation (see below)
4. Return the Application for Financial Assistance with required documentation

Application should be returned to:
Baptist Health Customer Service, Patient Financial Aid Office, 11001 Executive Center Drive, Suite 100, Little Rock, AR 72211
For questions, please call 501-202-3900.

Required Documentation (as applicable):

- Signed Application for Financial Assistance;
- If applicable: Complete copy of most recent Tax Return with attachments;
- If patient does not file taxes: proof of earnings (check stub, payroll record, or letter from employer);
- If applicable: Proof of disability (Social Security Administration Benefits letter)
- In some cases, additional documentation may be required to determine eligibility

Patients who do not provide the requested information may not be eligible for financial assistance. In addition, patients seeking financial assistance are expected to cooperate with any efforts to secure other healthcare coverage prior to financial assistance determination. Applicants of all ages are eligible for financial assistance. Baptist Health also has software which uses publicly available demographic information to determine presumptive eligibility for patients who do not respond to offers of financial assistance. The hospital verbally attempts to contact patients to inform them of financial assistance.

This policy applies to most charges, but will not apply to Radiology Consultants, Pathology Labs of Arkansas, or any other outside services.

If you believe you may be eligible for financial assistance, please ask your Admissions Representative for an application. The application can also be requested:

By phone: Patient Financial Services at (501) 202-3900

In writing: Patient Financial Aid O ce, 11001 Executive Center Drive, Suite 100, Little Rock, AR 72211

This Plain Language Summary of the Financial Assistance Guidelines is also available in Spanish up on request, or at the below link to our website. The Baptist Health financial assistance policy, plain language summary and application are available to the public at all facilities and on the web at **https://www.baptist-health.com/patients-visitors/insurance-financial-assistance/**.

FOR HOSPITAL USE

Baptist Health Org# _____ Dept. _____ Case#_____ User ID#_____

APPLICATION FOR ASSISTANCE

Before this application can be considered, we must have a copy of your most recent tax return.

Patient Name _____ Social Security# _____

Address _____ Phone _____

City _____ State _____ Zip _____

HOUSEHOLD MEMBERS:

	Name	Age	Employer	Relationship to Patient
1.				
2.				
3.				
4.				
5.				

INCOME: List Gross Income of Total Household for: Last Twelve Months

Wages _____

Farm/Self Employed _____

Public Assistance _____

Social Security _____

Unemployment _____

Workers' Compensation _____

Strike Benefits _____

Alimony _____

Child Support _____

Military Family Allotments _____

Pensions _____

Income From Dividends, Interest, Rent, Etc _____

Other _____

EXPENSES: List All Expenses as Requested Below:	**Average Cost**	**Monthly Payment**
Payment		
Medical and Dental		
Childcare		
Rent or Mortgage		
Property Taxes (if not included in mortgage)		
Telephone		
Electricity		
Gas		
Water		
Food		

OTHER EXPENSES:

_____

_____

_____

_____

Mail To: **Baptist Health/Arkansas Health Group**
Patient Financial Services
11001 Executive Center Drive, Suite 100
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LIST ALL CARS, TRUCKS, BOATS, MOBILE HOMES, CAMPERS, MOTORCYCLES OR OTHER VEHICLES:

	Make	Model	Year	Monthly Payments	Loan Balance
1.					
2.					
3.					
4.					

Do you or any member of your household own real estate or other property, including house property, land, or buildings? YES _____ NO _____

If YES, please provide information regarding the value of the property, any amount owed, and how the property is used.

VALUE _____ AMOUNT OWED _____

	YES	NO
Is this rental property?		
Do you have health insurance?		
Do you have disability income insurance?		

If yes to health insurance or disability income insurance, please list:

PAYER NAME _____

POLICY NUMBER _____

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE BAPTIST HEALTH TO OBTAIN A COPY OF MY CREDIT REPORT IF DEEMED NECESSARY TO AID IN DETERMINING MY ELIGIBILITY FOR FINANCIAL ASSISTANCE.

_____ _____
Signature of Person Making Request for Assistance Date

FOR HOSPITAL USE

APPROVED ❑ DENIED ❑

_____ _____
Signature Date

Account 1_____ Account 3_____ Account 5_____
Account 2_____ Account 4_____ Account 6_____

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To be eligible for assistance, the following Financial Assistance form requirements must be completed:

- ❑ Attach the required copy of your most recent complete tax return.
  - ❑ or a Social Security benefit letter
  - ❑ or other proof of income
- ❑ Provide three (3) months' worth of Current Bank Statements. Answer all questions completely.
- ❑ Sign and date the Application for Assistance on page 2.
- ❑ Return the Application for Assistance with current tax return in the self-addressed envelope.

MAIL TO: **Baptist Health/Arkansas Health Group Customer Service**
11001 Executive Center Drive, Suite 100
Little Rock, AR 72211

This application is also available in Spanish on the Baptist Health/Arkansas Health Group website, www.baptist-health.com, or by calling (501) 202-3900.

Esta Solicitud esta disponible en Español, en la página de internet del hospital Baptist Health/Arkansas Health Group. La dirección de internet es: www.baptist-health.com
O llamenos a: (501) 202-3900.

PLEASE RETURN THE APPLICATION INFORMATION PROMPTLY TO AVOID ADDITIONAL STATEMENTS.

PPS#69338-061418