



## FINANCIAL ASSISTANCE GUIDELINES

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.

Patients without insurance (who do not qualify for any third party or government health benefits) will receive an automatic discount of 74% off their billed charges. This 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 up to 100% of billed charges may be provided based on completion and evaluation of an Application for Financial Assistance, with required supporting documentation.

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

Required documentation:

1. Signed Application for Financial Assistance
2. If applicable: Complete copy of most recent Tax Return with attachments
3. If patient does not file taxes: proof of earnings (check stub, payroll record, or letter from employer)
4. If applicable: Proof of disability (Social Security Administration Benefits letter)
5. 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.

Please note the Application for Assistance is for hospital charges only, it does not apply to physician, radiology, pathology, or 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 Office  
904 Autumn Road, Suite 400  
Little Rock, AR 72211

The Baptist Health financial assistance policy is available to the public at all facilities and on the web at [http://www.baptist-health.com/patients\\_visitors/charity/](http://www.baptist-health.com/patients_visitors/charity/)

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### FOR HOSPITAL USE

Baptist Org# \_\_\_\_\_ Dept. \_\_\_\_\_ Case# \_\_\_\_\_ User ID# \_\_\_\_\_

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

## APPLICATION FOR ASSISTANCE

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

Medical and Dental . . . . .	_____	_____
Childcare . . . . .	_____	_____
Rent or Mortgage . . . . .	_____	_____
Property Taxes (if not included in mortgage) . . . . .	_____	_____
Telephone . . . . .	_____	_____
Electricity . . . . .	_____	_____
Gas . . . . .	_____	_____
Water . . . . .	_____	_____
Food . . . . .	_____	_____



**Baptist Health**

### OTHER EXPENSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Baptist Health

all our best

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
- 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:      Patient Financial Services**  
**904 Autumn Road, Suite 400**  
**Little Rock, AR 72211**

This application is also available in Spanish on the BH website or by calling 202-3900.

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

**PLEASE RETURN THE APPLICATION INFORMATION  
PROMPTLY TO AVOID ADDITIONAL STATEMENTS.**