

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% 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 Office, 11001 Executive Center Drive, Suite 100, Little Rock, AR 72211

This Plain Language Summary of the Financial Assistance Guidelines is also available in Spanish upon 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
Little Rock, AR 72211

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 _____



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 llámenos a: (501) 202-3900.

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

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTIVE SERVICES AND AUXILIARY AIDS AND SERVICES

ENGLISH

ATTENTION: If you speak [insert language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-799-1641 (TTY: 711) or speak to your provider.

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-799-1641 (TTY: 711) o hable con su proveedor.

VIETNAMESE

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-799-1641 (Người khuyết tật: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

MARSHALLESE

IKIJEN: Ne kwōj kajin Majol, ewōr jibañ ejellok wonnen ñan kwe ilo kajin eo am. Ebar wōr kein roñjak im jibañ ko rekkar ñan lewaj melele ilo wāween ko kwōmaron loi im ejellok wonnen. Kall ae lok 1-877-799-1641 (TTY: 711) ñe ejab kenono ibben armij ak opij eo ej lewaj jermal in jjibañ ñan kwe.

CHINESE

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-799-1641 (TTY:711) 或與您的提供者討論。」

LAOTIAN

ເຊ ນູ້ຊາບ: ຖ້າ ທ່ານ ເວົ້າ ພາ ສາ ລາວ, ຈະ ມີ ບໍລິ ການ ຊ່ວຍ ດູ້ ທ່ານ ພາ ສາ ແບບ ບໍ່ ເສຍ ຄ່າ ໃຫ້ ທ່ານ. ມີ ເຄື່ອງ ຊ່ວຍ ແລະ ການ ບໍລິ ການ ແບບ ບໍ່ ເສຍ ຄ່າ ໃຫ້ ຂໍ ມຸ່ນ ໃນ ຮູບ ແບບ ທີ່ ສາ ມາ ດ ຂໍ ຈຶ່ງ ໄດ້. ໂທ ຫາ ບູ ັ 1-877-799-1641 (TTY: 711) ຫຼື ວິ ມາ ບ ຜູ້ ໃຫ້ ບໍລິ ການ ຂອງ ທ່ານ.

TAGALOG

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-799-1641 (TTY: 711) o makipag-usap sa iyong provider.

ARABIC

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات أو تحدث إلى مقدم الخدمة (TTY: 711) بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-799-1641.

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-799-1641 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

FRENCH

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-799-1641 (TTY: 711) ou parlez à votre fournisseur.

HMONG

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntauv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-799-1641 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

KOREAN

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-799-1641(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

PORTGUESE

ATENÇÃO: Se você fala Portuguese, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-799-1641 (TTY: 711) ou fale com seu provedor.

JAPANESE

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料をご利用いただけます。1-877-799-1641（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-799-1641 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

GUJARATI

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-877-799-1641 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

November 1, 2024