

# 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. 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 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 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.

## **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. 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  
904 Autumn Road, Suite 400  
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.

This policy applies 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

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/>.