

Summary of Financial Assistance Policy

Consistent with our mission to exemplify our Christian heritage of service and to enhance the health of the people and communities we serve, Baptist Health offers a Financial Assistance Policy to provide financial assistance to eligible patients in meeting financial obligations for the medical care provided to them by Baptist Health hospitals.

ELIGIBILITY AND ASSISTANCE AVAILABLE UNDER OUR FINANCIAL ASSISTANCE POLICY

Once you have utilized all other payment options (e.g., Insurance coverage, health spending accounts, Governmental assistance programs, etc.), you may be eligible for financial assistance under Baptist Health's Financial Assistance Policy. Here are the levels of discounts available for eligible patients during each calendar year:

- **Uninsured or Underinsured Discount** - If you are uninsured or your insurance does not allow emergency or medically necessary care provided by a Baptist Health hospital, then you may be allowed a discount that limits your payment responsibility to the amounts generally billed to individuals who have insurance covering such care.
- **Full Assistance (100%)** - If your family income is less than or equal to 300% of the federal poverty level, then you may be eligible for full assistance.
- **Partial Assistance (50%)** If your family income is between 301% and 400% of the federal poverty level, then you may be eligible for partial assistance.

Any patient that is eligible for financial assistance under our Financial Assistance Program will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

HOW TO APPLY

You may apply for financial assistance by submitting a completed financial assistance application form and the documentation that is requested in the application form to the Financial Counseling Office at Baptist Health Corbin, Floyd, Hardin, La Grange, Lexington, Louisville, Paducah or Richmond. To learn more about our application process or to obtain a free copy of our Financial Assistance Policy and a free copy of the financial assistance application, please visit us online at www.baptisthealth.com/financial-aid or in person in the Financial Counseling Office at Baptist Health. You may also contact our Financial Counseling Office by telephone to request that a free copy be mailed to your home address or to speak directly with a Financial Counselor about our Financial Assistance Policy. An updated application will be required every calendar year.

This summary, our Financial Assistance Policy, and a financial assistance application form is also available in Spanish.

Corbin: 1 Trillium Way, Corbin, KY 40701
Floyd: 1850 State St., New Albany, IN 47150
Hardin: 913 N Dixie Ave., Elizabethtown, KY 42701
La Grange: 1025 New Moody Lane, La Grange, KY 40031
Lexington: 1740 Nicholasville Road, Lexington, KY 40503
Louisville: 4000 Kresge Way, Louisville, KY 40207
Paducah: 2501 Kentucky Ave., Paducah, KY 42003
Richmond: 801 Eastern Bypass, Richmond, KY 40476

Phone: 606.523.8736
Phone: 812.981.7289
Phone: 270.979.1629
Phone: 502.222.3342
Phone: 859.260.6600
Phone: 502.897.8157
Phone: 270.575.2140
Phone: 859.625.3659



LANGUAGE ASSISTANCE SERVICE

Español (Spanish)

Si habla español, tiene a su disposición servicios de traducción gratuitos. Llame al 866.273.5392.

عربي (Arabic)

إذا كنت تتحدث العربية، فستكون خدمات الترجمة المجانية متاحة لك. اتصل بالرقم 866.273.5392.

Русский (Russian)

Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по телефону 866.273.5392.

Français (French)

Si vous parlez français, des services de traduction sont gratuitement mis à votre disposition. Appelez le 866.273.5392.

Tiếng Việt (Vietnamese)

Nếu quý vị nói Tiếng Việt, có sẵn dịch vụ dịch thuật miễn phí dành cho quý vị. Gọi 866.273.5392.

नेपाली (Nepali)

तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क अनुवाद सेवाहरू उपलब्ध छन्/ 866.273.5392 मा फोन गर्नुहोस्

中文 (Chinese Simplified)

如果您讲中文，我们将为您提供免费翻译服务。请致电 866.273.5392。

한국어 (Korean)

한국어를 사용하는 경우 무료 번역 서비스를 이용할 수 있습니다. 866.273.5392 번으로 전화하세요.

Українською мовою (Ukrainian)

Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладача. Телефонуйте за номером 866-273-5392.

Kiswahili (Swahili)

Ikiwa unazungumza Kiswahili, unaweza kupata huduma za ufasiri bila malipo. Piga simu kupitia 866-273-5392.

Haitian (Haitian)

Si ou pale kreyòl ayisyen, ou ka jwenn sèvis tradiksyon gratis. Rele 866-273-5392.

Khmern (Khmer)

ប្រសិនបើអ្នកនិយាយខ្មែរ យើងខ្ញុំមានសេវាកម្មប្រជូនអ្នកដោយឥតគិតថ្លៃ ។ សូមហៅទូរស័ព្ទទៅលេខ 866-273-5392.

босански (Bosnian)

Ако говорите босански, доступне су вам бесплатне услуге превођења. Позовите 866-273-5392.

Hindi (Hindi)

अगर आप Hindi बोलते हैं, तो आपके लिए निःशुल्क अनुवाद सेवाएं उपलब्ध हैं। 866-273-5392 पर कॉल करें

Ikinyarwanda (Kinyarwanda)

Niba uvuga Ikinyarwanda, ushobora guhabwa serivise z'ubusemuzi ku buntu. Wahamagara 866.273.5392.

NON-DISCRIMINATION

Baptist Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Baptist Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Please pay the remaining balance in full or contact us at 866.273.5392 to arrange a payment plan for your balance. You may be eligible for assistance under our Financial Assistance Policy to help you meet your payment requirements. To learn more about our Financial Assistance Policy and the application process, please contact Customer Service at 866.273.5392 or visit our website at <https://www.baptisthealth.com/pages/patients-and-visitors/billing-information/financial-assistance.aspx> where a copy of the policy, an application form, and a summary of the policy may be obtained.