



Financial Assistance Application

Thank you for choosing Baptist Health for your healthcare needs.

We are pleased to provide you with this application to determine if you meet the qualifications for assistance with your hospital bill from Baptist Health. In order for us to process your application, the information requested on the enclosed FINANCIAL DISCLOSURE document (application) must be completed in its entirety. Please be assured that the information you provide will be treated as confidential and used only to determine whether financial assistance can be provided.

As part of our review process, we require that you submit all the applicable documentation listed below. All pages of all documents are required and no altered documents will be accepted. If federal income tax guidelines require you to complete a tax return, that return must be completed before financial assistance can be considered. Failure to provide all requested information may cause your application to be denied. False statements of any kind may result in permanent denial for hospital financial assistance. You must exhaust all forms of state assistance before qualifying for hospital assistance. The required documents are to be included with your application form are:

- Fully completed and signed Financial Disclosure document
- Completed and signed IRS form [4506-T](#)
- Copy of your most recent state and federal tax return, including W-2's and all schedules. (If self-employed, you will need to provide the last two years of your tax information.)
- Copies of the two most recent pay stubs for all wage-earners who live in the household
- Proof of other income, including Social Security, disability, pensions, and any other form of income for all household members
- Copies of the two most recent bank statements from all accounts, including any supporting documentation for the source of each deposit not covered by income above
- Two most recent investment statements from all accounts not covered by the above such as HSA, FSA, stocks, bonds, and CDs, excluding retirement accounts
- Evidence (a letter) showing Medicaid application or lack of eligibility. Full cooperation with our staff or contractor will be acceptable evidence
- All applications without bank statements must provide one month of receipts or check cashing service or utilities bills paid in cash
- Proof of family size if not listed on tax document

If you have any questions or need assistance, contact your Baptist Health financial counseling office from 8:30 a.m.-4:30 p.m. Monday through Friday. Closed weekends.

- Corbin: 606.523.8736, or visit at 1 Trillium Way near the Main Entrance and Gift Shop.
- Floyd: 812.981.7289 or 812.949.5726, or visit at 1850 State Street off the main lobby across from the Women's Imaging Center.
- Hardin: 270.979.1629, or visit at 913 N Dixie Ave Cashier's Window located in the main hallway.
- La Grange: 502.222.3342, or visit at 1025 New Moody Lane on the first floor off the Main Entrance atrium. Ask at the cashier office.
- Lexington: 859.260.6600 or, or visit at 1740 Nicholasville Road, Building D, near the entrance.
- Louisville: 502.897.8157, or visit us at 4000 Kresge Way, off the Main Entrance lobby, across from Mammography.
- Paducah: 270.575.2140 or visit us at 2501 Kentucky Ave., (next to the Cashier's Office at the Main Entrance.
- Richmond: 859.625.3659 or 859.625.3120 or visit us at 801 Eastern Bypass, ground floor, main hospital. Ask at Registration.

FINANCIAL DISCLOSURE - Baptist Health

GENERAL INFORMATION

Patient information:

Patient account number: _____ Check in date: _____

Name: _____ SSN: _____

Address: _____ County: _____

Home phone: _____ Birth date: _____

Employer: _____ Work phone: _____

Occupation: _____

Guarantor (or spouse if married):

Name: _____ SSN: _____

Address: _____

Employer: _____ Work phone: _____

Occupation: _____

Relationship to patient: _____

Family information:

Family member	SSN	Age	Relation to patient
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Please mail completed form and attachments to the hospital where you were treated:

Baptist Health Financial Counselors

(Add correct address from list below.)

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: 3501 Kentucky Ave., Paducah, KY 42003

Richmond: 801 Eastern Bypass, Richmond, KY 40476

SCHEDULE OF FAMILY RESOURCES - INCOME

Monthly family income:

Patient's salary \$ _____

Spouse's/guarantor's salary \$ _____

Retirement/pension \$ _____

Social Security \$ _____

Net rental/lease cash flow \$ _____

Interest \$ _____

Dividends \$ _____

AFDC/TANF/Welfare \$ _____

Alimony received \$ _____

Child support received \$ _____

Unemployment income \$ _____

Guard/Reserve/Military pay \$ _____

Work Comp benefits \$ _____

Other income/assistance (list):

Total monthly income \$ _____ **A**

Annual income = (A x 12) \$ _____ **B**

Annual income adjustments (describe):

Total income adjustments \$ _____ **C**

Adjusted annual income = (B+C) _____ [A]

2. Cash and investments:

a. Bank accounts

Bank name	Account #	Checking/savings	Current balance
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]

b. Stocks, mutual funds, CD's and other non-retirement investments:

Name/description	Account #	Type of investment	Current balance
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]

Total Family resources for charity determination

Sum of [A] \$ _____

Applicant signature: _____ Date: _____

Person supplying information (if different from applicant): _____ Relationship to applicant: _____



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.

Khmer (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.