BOARD APPROVED POLICY

TITLE: Baptist Health Care Financial Assistance

EFFECTIVE DATE: July 1, 2026

OWNER OF THIS DOCUMENT: Board of Directors, Baptist Health Care, Inc. and Chief Financial Officer

SCOPE: This document applies to Baptist Health Care, Inc. and all of its wholly owned subsidiaries (BHC) as well as to those participating providers listed on Attachment A.

STATEMENT OF PURPOSE: To outline BHC's Financial Assistance policy.

BOARD APPROVAL DATE: December 16, 2024

BOARD APPROVAL AND REVIEW PROCESS: This document will be reviewed periodically by the BHC Board of Directors. Any changes to this document require the approval of the BHC Board of Directors. Minor, non-material corrections or edits may be made without Board approval with the approval of the General Counsel.

DEFINITIONS:

Community: Means Baptist Health Care's service area of Escambia and Santa Rosa Counties, Florida.

Eligibility Period: The 180-day time period during which the patient is eligible for Financial Assistance. Eligibility may change if, during the period, the patient's financial condition or insurance status changes.

Eligible Services: Medical services that are Emergent or Medically Necessary. The following are not Eligible Services:

a. Purchases from BHC retail operations, such as gift shops, retail pharmacy, and durable medical equipment or cafeteria purchases.
b. Services provided by non-Baptist Health Care entities or physicians (i.e., certain non-Baptist Health Care lab studies, home health and medical equipment or Baptist Health Care transportation services).

Elective Services: Health care services that are not Emergent.

Emergent: Medical care that is necessary to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) and the lack of immediate medical attention could reasonably be expected to result in placing the health of the patient, or, in case of pregnancy, the unborn child in serious jeopardy, the significant impairment to bodily functions, or serious dysfunction of any bodily organ or part.

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Family: A group of two or more people who reside together and who are related by birth, marriage (common law or otherwise) or adoption. If a patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Financial Assistance if the dependent is residing with the applicant.

Family Income: Annual total cash or cash equivalents earned by or provided to an individual. The following are considered and must be included in the application for each member of the Family:

a. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources determined on a before-tax basis.
b. Items not considered as income are noncash benefits and public assistance, such as food and housing subsidies, educational assistance, and capital gains and losses.

Financial Assistance: Reduction of patient's account balance by 100% as set forth in this Policy.

Medical Necessity Committee: A committee consisting of, at a minimum, the Chief Medical Officer of BHC, the Vice President, Patient Financial Services, and the Director, patient Access.

Medically Necessary: Health care services that are (1) at a minimum, covered Medicaid services; (2) reasonably determined by the treating physician to be necessary to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering, or pain, result in illness or infirmity, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available; (3) the most appropriate supply or level of service for the patient's condition that can be provided safely; and (4) not provided primarily for the convenience of the patient, the patient's family, physician or caretaker. For non-Emergent care, the determination of what is Medically Necessary will be made by the Medical Necessity Committee.

Presumptive Eligibility: A determination that a patient is presumed eligible for Financial Assistance based on information obtained outside of that provided by the individual.

Self-Pay Discount: A discount of 85% off of acute care gross charges and 52% off of professional gross charges (for BHC employed providers only) available to Uninsured patients.

Uninsured: The patient has no level of insurance, third party assistance, Medical Savings Account, or claims against third parties covered by insurance to assist with meeting his or her payment obligations.

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Underinsured: A patient covered by insurance but who cannot afford the out-of-pocket financial responsibility. (i.e., co-insurance, deductible)

POLICY:

1. BHC is a not-for-profit organization committed to meeting the health care needs of Community residents. BHC, through its directly and indirectly owned hospitals and its employed and affiliated providers, will provide for the medical needs of low-income, Uninsured, Underinsured, and indigent patients by rendering Emergent, Medically Necessary, quality health care regardless of race, creed, color, sex, national origin, sexual orientation, handicap, or age.

2. To fulfill its charitable mission, BHC will maintain a Financial Assistance program consisting of 100% write off of gross charges. Should this discount change, in no event will BHC charge patients who are eligible for Financial Assistance more for Emergent or Medically Necessary services than the Amount Generally Billed by BHC.

3. BHC will administer its Financial Assistance program in a manner that preserves the dignity of the individual.

4. BHC will maintain this Financial Assistance Policy in order to outline:
   a. The eligibility criteria for receiving Financial Assistance.
   b. The circumstances and criteria under which each BHC hospital and provider will provide care for Eligible Services to eligible patients who are Uninsured, Underinsured, or otherwise deemed unable to pay for such services.
   c. The basis and methods of calculation for charging any amounts to such patients and the method by which patients may apply for Financial Assistance.

5. Eligibility Criteria. All of the following Eligibility Criteria, must be met in order to qualify for Financial Assistance:
   a. The patient must live in the Community (unless the patient is seeking Emergent care via a BHC emergency department)
   b. The health care services provided must be Eligible Services.
   c. The patient must be either Uninsured or Underinsured.
   d. The patient must have a total gross Family Income of less than 300% of the current Federal Poverty Guideline (FPG). (In the event a patient's Family Income exceeds 300% of the FPG, the patient may still be eligible for Financial Assistance in the case of extraordinary hardship, as determined by the Vice President, Patient Financial Services.)
   e. The patient must either complete a Financial Assistance Application (FAA), including required documentation, and be determined to meet the eligibility criteria for Financial Assistance, or be identified under the Presumptive Eligibility program set forth below.
   f. The patient must cooperate with BHC in completing the Medicaid application if he or she is eligible.

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6. Presumptive Eligibility. Uninsured and Underinsured patients will be screened for Presumptive Eligibility. BHC may use outside resources to determine eligibility. Presumptive Eligibility may be determined on the basis of individual life circumstances that may include qualification through:
   a. Eligibility for other state or local governmental assistance programs that are unfunded (such as food stamps, welfare, WIC).
   b. The patient is declared to be homeless.
   c. The patient has declared bankruptcy within the previous 12 months.
   d. The patient has active Medicaid coverage.
   e. The patient is within a prior eligibility period for Financial Assistance or
   f. The patient is deceased with no estate.

7. Application Process:
   a. BHC will notify the patient within 120 days of the date the first post-discharge or other first billing statement is provided.
   b. The patient will have a total of 240 days from the date of the first post-discharge or other first billing statement to apply for Financial Assistance. Patients will not be permitted to apply for Financial Assistance more than 240 days after the date of the first billing statement.
   c. Financial Assistance applications may be made by the patient or the patient's personal representative.
   d. Applications may be obtained on BHC's website and at the locations listed in Section 15 below.
   e. The applications must be submitted with full supporting documentation that BHC may validate with external agencies. Documents requested may include any of the following:
      i. Documentation of Family Income or personal income which may include the most recent paycheck statement showing the current YTD earnings, or written verification of annual wages from employer; proof of public governmental assistance, unemployment benefits award document, unearned monthly income deposit evidence (bank statement), or other governmental agencies written statement; and individual income tax form 1040 from the most recent calendar year.
      ii. Poof of identification.
      iii. Patient credit report (in the event other documentation cannot be provided).
      iv. Determination of denial by Medicaid or governmental assistance (i.e., food stamps).
      v. Proof of pending disability claim.
   f. Patients are expected to fully cooperate with BHC procedures for obtaining Financial Assistance, applying for Medicaid or other government programs where appropriate, and contributing to the cost of their care based on their ability to pay, including third party liability payments. Individuals with the financial capacity to purchase health insurance will be encouraged to do so.
   g. BHC may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns that information previously provided by the applicant was inaccurate.

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h. Assistance in completing an FAA may be obtained by contacting Customer Service at 448-227-3600..

8. Notification of Determination.
   a. Requests for Financial Assistance shall be processed promptly.
   b. BHC will make all reasonable efforts to provide written notification to the patient or applicant of its determination as soon as possible following the receipt of a completed application. Approvals qualified based upon Presumptive Eligibility will not receive any notification.
   c. Once an approval letter is provided to the patient, future Eligible Services provided within the Eligibility Period will be automatically adjusted without notification.

9. Eligibility Period.
   a. If Financial Assistance is approved through the Presumptive Eligibility process, the approval will only pertain to the relevant episode of care. Subsequent care or request for care are subject to application or re-screening under the Presumptive Eligibility criteria.
   b. If Financial Assistance is approved through the application process, the approval will remain in place during the full 180-day Eligibility Period, beginning in the first day of the calendar month in which the patient signed the application or the day on which Presumptive Eligibility was approved.
   c. Prior dates of service will not require additional signed applications. Dates of service prior to the completion and return of the application greater than 240 days will be considered for eligibility with appropriate proof of income documentation.
   d. Once the 180-day Eligibility Period has expired, the need for Financial Assistance shall be re-evaluated and the patient may be asked to submit a new application or supplemental information. Likewise, if, at any time additional information relevant to the eligibility of the patient becomes known, it is the patient's responsibility to notify BHC at BHC Customer Service, 448-227-3600 and BHC may require additional information.

10. Self-Pay Discount. Effective October 1, 2022, Uninsured patients will receive a Self-Pay Discount. The Self Pay Discount will be automatically applied to Uninsured patients. (If those patients are later determined to be eligible for Financial Assistance, 100% of gross charges for Eligible Services will be written off in accordance with this policy.) The Self-Pay Discount is not available for Elective Services that are not Medically Necessary such as cosmetic procedures, etc. The Self-Pay rates for those services will be agreed upon in advance. Any Self-Pay Discount will be reversed if third-party insurance or other funding is identified. The remaining balance after the Self-Pay Discount is applied will be the patient's responsibility.

11. Overpayments by Patients. In the event any Financial Assistance eligible patient pays greater than $5.00 for Eligible Services, the patient will be refunded.

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12. Actions in the Event of Non-Payment. The actions BHC may take in the event of non-payment for services are described in a separate Billing and Collections Policy, a copy of which may be obtained from the locations listed in Section 15 below.

13. Communication of this Policy. BHC will make reasonable efforts to ensure that this policy is clearly communicated and made widely available, including posting in public locations within the hospital facilities. BHC will provide paper copies at no charge to the patient, upon request, inclusion of the plain language summary with each billing notice and posting on the Baptist Health Care website within patient financial resource guide.

14. Independent Providers Associated with BHC. A list of the providers delivering Emergent or Medically Necessary care who are covered (and who are not covered) under this Policy is attached hereto as Attachment A and available free of charge from the locations listed in Section 15 below.

15. Resources. Locations for obtaining copies of the Financial Assistance policy, Credit and Collections Policy, Provider list, and applications are:
    a. Patient Access areas at BHC hospitals:
        i. Baptist Hospital, 123 Baptist Way, Pensacola, FL 32503
        ii. Jay Hospital, 14114 Alabama St., Jay, FL 32565
        iii. Gulf Breeze Hospital, 1110 Gulf Breeze Parkway, Gulf Breeze, FL 32561
    b. Customer Service, 700 East Gregory Street, Pensacola, FL 32502
    c. By calling Customer Service at 448-227-3600.
    d. Baptist Health Care website, ebaptisthealthcare.org/patientfinancialresources/

ATTACHMENTS:

Attachment A – Providers

RELATED DOCUMENTS:

Patient Billing and Collections

Financial Assistance Eligibility Guidelines

REFERENCES:

501(r) Regulatory Requirement

RESCISSION: Financial Assistance, effective April 2026, is hereby rescinded.

Please refer to the Document Library for the most current version of this document.

Attachment A: Providers
(Current as of July 1, 2026)

PROVIDER	FAP STATUS
Baptist Health Care, Inc. d/b/a Baptist Hospital	Participating
Baptist Health Care, Inc. d/b/a Gulf Breeze Hospital	Participating
Jay Hospital, Inc.	Participating
Baptist Medical Group, LLC	Participating
Baptist Physician Associates, LLC	Participating
Baptist Urgent Care, LLC	Participating
Pensacola Emergency Physicians, LLC	Not Participating
Pensacola Hospitalist Physicians, LLC	Not Participating
AMS Baptist LLC(Baptist Hospital, Gulf Breeze Hospital)	Not Participating
Gastro Health, LLC (Jay Hospital)	Not Participating
OB Hospitalist Group, Inc.	Not Participating
Pediatrix Medical Group of Florida, Inc.	Not Participating
Pensacola Lung Group, M.D.'s, P.A.	Not Participating
Radiology Associates of Pensacola, P.A.	Not Participating
Vivid Pathology, P.A.	Not Participating
Andrew Kortz, MD	Not Participating
Anthony E. Chicola, DMD	Not Participating
Center for Sight of Northwest Florida, P.A.	Not Participating
Karen Kennedy, MD	Not Participating
Kyle K. Shaddix, MD	Not Participating
Nathan Patterson, MD	Not Participating
Northwest Florida Oral and Maxillofacial Surgery, P.A.	Not Participating
Retina Center of Pensacola, P.A.	Not Participating
Sacred Heart Health System, Inc.	Not Participating
Thomas R. McPherson, DMD	Not Participating
Todd T. Timko, DMD	Not Participating
Ullman Eye Consultants	Not Participating
Gary Smith, DO PA	Not Participating
Mitchell Dugas, MD	Not Participating
Cardiothoracic & Vascular Surgical Associates	Not Participating

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