BAPTIST HEALTH POLICY AND PROCEDURE MANUAL No. 3.14		
Section: Patient Care FINANCE	**Subject:** HOSPITAL FINANCIAL ASSISTANCE POLICY	
Original Date: October, 1998	**Supersede:**	**Effective Date:** October 1, 2026
Review Date: September 1, 2026	**Scope:**	
Approved: **/Scott Finnegan, SVP & CTO**		

I. POLICY

In accordance with the philosophy, mission, and core values of Baptist Health, it is our policy to provide Emergency and Medically Necessary Care for all patients regardless of their financial resources. This policy applies only to Baptist Health Hospitals and the providers listed in **Attachment A**. This policy does not apply to the providers listed in **Attachment B** or for any elective or other procedure not deemed to be Emergent and Medically Necessary Care.

II. PURPOSE

To provide financial relief to patients who meet the specified financial assistance criteria as defined in this policy and in accordance with the requirements of IRC §501(r).

III. DEFINITIONS

Amount Generally Billed ("AGB"): The amount generally billed for Medically Necessary Care to those individuals who have insurance covering such care, which the Baptist Health Hospitals determine based on claims allowed by traditional Medicare and commercial health care insurers over a twelve (12) month look-back period. **See Attachment E**.

Amount Generally Billed Percentage ("AGB%"): Percentages that the Baptist Health Hospitals use to determine AGB. Each Baptist Health Hospital calculates by dividing all of its claims for medically necessary care that have been allowed by traditional Medicare and commercial health care insurers over a twelve (12) month look-back period by the sum of the associated gross patient charges for those claims. The AGB percentage will be updated annually and applied within 120 days of the end of the 12-month period used to calculate the AGB percentage. **See Attachment E.**

Application: The Financial Assistance Application, which includes an online and paper version. A copy of the paper version may be found in **Attachment D** and on the Baptist Health website at https://www.baptistjax.com/patient-info/financial-assistance.

Baptist Health Hospitals: All Baptist Health acute care hospitals (Baptist Medical Center Beaches, Baptist Medical Center Clay, Baptist Medical Center Jacksonville, Baptist Medical Center Nassau, Baptist Medical Center South, and Wolfson Children's Hospital), which includes the outpatient departments and the freestanding emergency centers (Baptist Emergency Center at North, Baptist Emergency Center Oakleaf, Baptist Emergency at Town Center, Baptist Emergency St. Augustine, Baptist Emergency Nassau Crossing, and Baptist Silverleaf Emergency Center).

Emergency Medical Care: Health care provided by a Baptist Health Hospital to patients with an Emergent Medical Condition.

Emergent Medical Condition: A health care condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to patient health, including a pregnant woman or fetus, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. This definition includes a pregnant woman who is having contractions if there is inadequate time to affect a safe transfer to another hospital prior to delivery or a transfer may pose a threat to the health and safety of the patient or fetus, or that there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

EMTALA: The regulations adopted by the Centers for Medicare and Medicaid Services pursuant to the Emergency Medical Treatment and Labor Act of 1986.

Excess Discretionary Assets: Fair market value of savings, investments and non-homesteaded property over $75,000. Excludes assets held in qualified pension plans, 401(k) plans, 403(b) plans and other qualified retirement plans.

Extraordinary Collection Actions ("ECAs"): Actions taken by a facility licensed under Chapter 395, Florida Statutes, against an individual in relation to obtaining payment of a bill for care covered under this policy, which action involves (i) selling the individual's debt to a third party, (ii) reporting adverse information about the individual to consumer a credit reporting agency or credit bureau, (iii) deferring, denying, or requiring a payment before providing Medically Necessary Care because of the individual's nonpayment of one or more bills for previously provided care, or (iv) actions that require a legal or judicial process, including (a) placing a lien on the individual's property, (b) foreclosing on the individual's real property, (c) attaching or seizing the individual's bank account or other personal property, (d) commencing a civil action against the individual, (e) causing the individual's arrest, or (f) garnishing the individual's wages (but excluding bankruptcy claims and liens permitted by state law pertaining to a personal injury judgment, settlement or compromise).

An Extraordinary Collection Action (ECA) does not include any liens that a Baptist Health Hospital is entitled to assert under state law on the proceeds of settlements, judgments, or compromises arising from a patient's suit against a third party who caused the patient's injuries. Such proceeds come from the third party, not from the injured patient, and thus hospital liens to obtain such proceeds should not be treated as collection actions against the patient. In addition, the portion of the proceeds of a judgment, settlement, or compromise attributable under state law to care that a hospital facility has provided may appropriately be viewed as compensation for that care.

Family: The patient, their spouse and their legal dependents according to the Internal Revenue Service rules. If a patient claims someone as a dependent (including qualifying relative) on their tax return, they may be considered a dependent for purposes of this policy.

Family Income: Gross wages, salaries, investment income (dividends, interest, etc.), Social Security benefits, public assistance, worker's compensation, veteran's benefits, alimony, child support, income from rents, royalties, estates, and trusts, or any other miscellaneous taxable income.

Federal Poverty Level ("FPL"): A measure of income issued every year by the Department of Health and Human Services which is used to determine eligibility for certain programs and benefits. An FPL table is available in **Attachment C.**

Final Collection Notice: A written notice provided to a patient by certified mail or other traceable mail delivery at least 30 days before any ECAs are initiated against the patient which indicates financial assistance

is available for eligible individuals, identifies the ECA(s) that the hospital (or other authorized party) intends to initiate, and states the deadline after which such ECA(s) may be initiated. A copy of the Plain Language Summary, which summarizes the eligibility requirements and assistance offered under the Financial Assistance Policy, is enclosed with the Final Collection Notice.

Financial Assistance: That portion of a patient's bill for which the patient is not responsible due to inability to pay as determined by the financial assistance criteria outlined in this policy.

Gross Patient Charges: The amounts charged by Baptist for services provided before any contractuals, adjustments, or discounts are applied.

Medically Necessary Care: Medical or allied care, goods, or services furnished or ordered that meet the following conditions: (i) Are necessary to protect life, to prevent significant illness or significant disability, to alleviate severe pain or to better evaluate a patient to determine a safe discharge disposition; (ii) Are individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; (iii) Are consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational; (iv) Are reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and (v) Are furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider. Care provided in a hospital on an inpatient basis is not medically necessary if, consistent with the provisions of appropriate medical care, it can be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type. The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services, does not in itself, make such care or goods or services medically necessary. Medically Necessary Care includes all Emergency Medical Care.

Patient Financial Advocate: An employee empowered to accept and evaluate an Application for Financial Assistance.

Patient Responsible Balance: The amount a patient is personally responsible for paying after all third-party contractual payment/obligations, adjustments, and insurance reimbursements have been applied.

Payment Arrangements: At any point during the internal collections process Baptist Health may establish a monthly payment arrangement. Once accounts are placed on payment arrangement, patients will receive a monthly statement. If at any time, the debtor fails to pay as arranged, the account will be referred to a collection agency.

Presumptive Financial Assistance Determination: A determination that an individual is eligible for Financial Assistance based upon information provided by a third party, participation in other Federal, State, or Local assistance programs, or based on a prior financial assistance determination.

IV. PROCEDURES

A. IDENTIFICATION/SCREENING

The evaluation of the need to receive medical care will be based upon clinical assessment. When a person presents to the Emergency Room or in cases where a possible Emergent Medical Condition exists, Baptist Health Hospitals will provide emergency treatment to all patients seeking such care, regardless of ability to pay in accordance with the requirements of EMTALA. More generally, Baptist Health Hospitals will not engage in any action before care is rendered for Emergent Medical Conditions (such as payment demands or debt collection activities) that could reasonably be expected to discourage individuals from seeking such care.

When non-emergent services are requested, a financial evaluation should occur prior to rendering care whenever possible. After clinical and/or financial evaluation, individuals may be referred to appropriate alternative programs for services. If a patient refuses to seek care at the appropriate facility, financial assistance may be denied. In addition, if a patient continues to present to the Emergency Room for services that are clearly non-emergent, the patient will be seen as required by EMTALA, but may be denied Financial Assistance.

Referrals for financial assistance determination are primarily initiated or identified by Patient Financial Advocates and representatives of Baptist Health Hospitals. Referrals may also be initiated or identified by other Baptist Health employees, physicians, or community members. In addition, all patient statements inform patients of the availability of financial assistance and how to apply for assistance under Baptist Health Hospitals' Financial Assistance Policy.

B. FINANCIAL ASSISTANCE ELIGIBILITY

This policy and the Patient Financial Advocates' contact information are posted on Baptist Health's website at www.baptistjax.com/fap. Family income and, in some cases, discretionary assets are the primary criteria of financial assistance eligibility. For patients with family income equal to or less than 200% of the Federal Poverty Level, which may be found on **Attachment C**, the amount of financial assistance for which the patient is eligible equals the patient responsible balance. For patients with family income greater than 200% and less than 400% of the FPL, the amount of financial assistance for which the patients are eligible equals the patient responsible balance reduced by Excess Discretionary Assets. Excess Discretionary Assets include the fair market value of savings, investments, and non-homesteaded property above $75,000. At no time shall a patient, eligible for Financial Assistance under the policy, be required to pay more than the AGB for Medically Necessary Care, which such AGB will be determined by applying an AGB% that is based claims allowed over a prior 12-month period. The AGB% for each Baptist Health Hospital and the calculation to arrive at each AGB% is explained on **Attachment E**.

Patient responsible balances usually originate from a single episode of care. However, unpaid patient responsible balances reflected on a post-discharge billing statement provided not more than 240 days prior to and 12 months subsequent to the Financial Assistance application date may be eligible for financial assistance. Any patient who qualifies for Financial Assistance will receive a refund of any payments made on their account that exceed the amount determined to be the patient responsible balance under this Financial Assistance Policy. However, if there is any indication that the financial status of a patient has changed, information may be updated regardless of the date of the last application, which may affect one's eligibility for financial assistance.

Any unpaid balance for a Medicaid eligible patient, after processing by the applicable Medicaid payer, will qualify for financial assistance.

C. APPLICATION PROCESS AND DOCUMENTATION

Any individual who believes that they may be eligible for Financial Assistance for Medically Necessary Care should complete an Application for Financial Assistance, which may be found in **Attachment D**, on the Baptist Health website at www.baptistjax.com/fap or in-person at each hospital facility or by mail (upon request) free of charge. The Application may be submitted at any time; however, it may only be applicable to pre-discharge billing statements or to post-discharge billing statements provided not more than 240 days prior to and 12 months subsequent to the date the Application is submitted.

Once an Application has expired, a new Application must be completed in order to maintain eligibility for Financial Assistance. Paper and electronic Applications are available. Applicants are encouraged to utilize Patient Financial Advocates for assistance in order to provide a consistent format to document the

Financial Assistance determination. An Application must be signed by the applicant/guarantor and the Patient Financial Advocate. Patient Financial Advocates may be reached by phone at (904) 202-2092. Any individual needing assistance in another language may call (904) 202-2435.

The applicant is responsible for completing the Application in its entirety and furnishing documentation used to determine eligibility for Financial Assistance. Applications and supporting documentation may be submitted by visiting my.baptistchart.com, by mail to Baptist Health Jacksonville, P.O. Box 736048, Dallas, TX 75373-6048; in person at the San Marco East Plaza, 3563 Philips Hwy, Bldg. B, Ste. 201, Jacksonville, FL 32207; or by email to: pfsfaappt@bmcjax.com.

In addition to the Application, a patient should provide support for their income and assets. Such documentation may include one or more of the following:

Proof of Income may include one or more of the following:

- Form W-2
- Paycheck stubs
- Income tax returns
- Profit and Loss statement from a self-employed business
- Social Security income
- Investment income
- If no income, state who supports you on your application

Proof of Assets may include the following, as applicable:

- Bank statements for checking and savings accounts
- Investment statements with current balance
- Mortgage statement (other than your primary residence)

If after 2 attempts Baptist Health is unable to obtain a completed Application, the patient may be screened for financial assistance using a presumptive eligibility determination method; provided, however, that Baptist Health will not perform such presumption eligibility determinations for any patient whose insurance plan[1] is not then contracted with the applicable Baptist Health Hospital for it to be "in-network" ("Out of Network Patients"). Out of Network Patients must submit a complete Application to be eligible for Financial Assistance consideration under this Policy.

Individuals who are denied Financial Assistance may have the determination reviewed by sending a request for reconsideration within thirty (30) days of the date of determination to the following address: Baptist Health Jacksonville, P.O. Box 736048, Dallas, TX 75373-6048, Attn: Financial Assistance Advocate. Approval levels based on income and assets are set by policy and are not eligible for reconsideration. Miscalculations or misapplication of the criteria or inadvertent omissions or mistakes in completing the Application will be reviewed to determine if a correction of such errors would result in a different outcome regarding eligibility or level of financial assistance.

D. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

Baptist Health Hospitals may contract with a third-party vendor who may be utilized in identifying accounts that qualify for presumptive financial assistance eligibility. If an account has been identified for presumptive financial assistance eligibility, either full or partial financial assistance may be granted to that patient. Patients determined to be 200% or below the Federal Poverty Level may be granted full financial assistance. Patients

[1] The Managed Care Department will provide to the Patient Financial Services Department quarterly, or when changes occur, a list of those insurance plans that do not then contract with a Baptist Health Hospital as "in-network".

determined to be above 200% and below 400% of the Federal Poverty Level may receive partial financial assistance. All patients determined eligible for partial eligibility may apply to determine if they are eligible for full financial assistance.

Further, presumptive financial assistance eligibility may be determined for patients who can provide support of participation in any of the below categories:

- State-funded prescription programs
- Homelessness or currently receiving care from a homeless clinic
- Participation in Women, Infants, and Children programs (WIC)
- Food stamp eligibility
- Participation in other Federal, State, or Local assistance programs (ex: Medicaid, Out of State Medicaid, or Share of Cost Medicaid)

Presumptive determination may be applied to only a single episode of care. Patients requesting financial assistance for more than one episode of care may submit an application.

E. FINANCIAL ASSISTANCE CATEGORIES

Full Financial Assistance: Total family income 200% or below the Federal Poverty Level (FPL).

Partial Financial Assistance: Total family income plus excess discretionary assets is greater than 200% of FPL, but less than 400% of FPL and the balance due from the patient will be reduced by the AGB%.

Catastrophic Financial Assistance: Financial assistance for a catastrophic event may be approved for a single episode of care where the patient's total family income exceeds 400% of FPL and the patient's obligation to Baptist Health exceeds two times the total family annual income. The catastrophic adjustment will reduce the patient responsible balance by the AGB%.

Special Consideration: Extenuating circumstances may support a patient's need for financial assistance not otherwise provided for under the general eligibility criteria of this policy. Such circumstances may include significant other financial obligations or expected future medical needs. All such special considerations require the approval of the SVP & Chief Revenue Officer, SVP of Finance and Chief Treasury Officer, or CFO.

F. BILLING/COLLECTION PRACTICES

All patients will receive, either directly or indirectly (via their guardian, guarantor or attorney), a combination of 4 statements and 2 phone calls during a 120-day period. During this period, the patient is expected to pay their statement in full, establish a payment arrangement, or apply for financial assistance.

Baptist Health will not initiate an ECA against an individual to obtain payment for services (a) before first making reasonable efforts to determine whether the patient is eligible for financial assistance under this policy and, if eligible, before a determination is made by the hospital on the individual's application for such financial assistance (b) before providing the individual with an itemized statement or bill, (c) during an ongoing grievance process or an ongoing appeal of a claim adjudication, (d) before billing any applicable insurer and allowing the insurer to adjudicate the claim, (e) for 30 days after sending a Final Collection Notice, or (f) while the individual negotiates in good faith the final amount of a bill for services rendered or while the individual complies with all terms of a payment plan with the hospital. In addition to the foregoing restrictions, ECAs may not be initiated until the 121st day after the date of the first post-discharge statement. If, after the expiration of the 120-day period, the patient responsible balance is unpaid, a payment arrangement has not been established, a complete application has not been

received, and no restriction in (a) through (f) above applies, the account will be sent to a primary collection agency for a period of 150 days. A Final Collection Notice will be sent to the patient notifying them that their account will be placed with a primary collection agency. A copy of the Plain Language Summary (**Attachment F**), which summarizes the eligibility requirements and assistance offered under the Financial Assistance Policy, will also be mailed to the patient with the final collection notice prior to sending the account to collections. Accounts placed with a primary collection agency are not reported to the credit bureau.

After the 150-day period has passed and a payment arrangement has not been established with the primary collection agency, or a complete application has not been received, the account is returned to Baptist Health. Accounts returned from the primary collection agency will be sent to a secondary collection agency for a period of at least 365 days. Baptist Health (or its authorized business partners) may report adverse information to credit reporting agencies and/or credit bureau. Accounts returned by a secondary collection agency are deemed uncollectable.

G. PUBLICATION OF THIS POLICY

Individuals may obtain without charge a written copy of this policy, a plain language summary of it, the Application, and the procedure for calculating discounts and determining eligibility by visiting the Baptist Health webpage at www.baptistjax.com/fap or by submitting a request in writing to Baptist Health Jacksonville, P.O. Box 736048, Dallas, TX 75373-6048, Attn: Financial Assistance Advocate. Such documents will be available in various languages spoken by each limited English proficiency group that constitutes the lesser of 5% of the Baptist Health Hospital's community or the population likely to be affected or encountered by the Baptist Health Hospital or 1,000 individuals. This Policy and the plain language summary shall be made available on the Baptist Health website and in the Baptist Health Hospitals' emergency rooms, admissions offices, and other points of intake. Baptist Health will adopt measures to notify and inform the community members served by the Baptist Health Hospitals about this policy in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.

REFERENCES

A. Attachment A – Providers Covered by the Financial Assistance Policy
B. Attachment B – Providers Not Covered by the Financial Assistance Policy
C. **Attachment C –** Federal Poverty Guidelines
D. Attachment D – Application for Financial Assistance
E. **Attachment E –** Calculation of AGB %
F. **Attachment F –** Plain Language Summary

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Program (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.

Hospital Facilities:

Baptist Medical Center of the Beaches, Inc.

Baptist Medical Center of Nassau, Inc.

d/b/a: Baptist Emergency Nassau Crossing

Southern Baptist Hospital of Florida, Inc.

d/b/a: Baptist Medical Center Jacksonville

Baptist Medical Center South

Baptist Medical Center Clay

Baptist Emergency Center North

Baptist Emergency Center at Town Center

Baptist Emergency Center at Oakleaf

Baptist Emergency St. Augustine

Baptist Silverleaf Emergency Center

Wolfson Children's Hospital

Baptist Behavioral Health

Physician companies whose services are rendered in the above-referenced hospital facility locations follow the FAP while providing medically necessary and/or emergent services at Baptist hospital facilities.

Baptist Agewell Physicians, Inc.

Baptist Cardiology, Inc.

Baptist ENT Specialists, Inc.

Baptist MD Anderson Cancer Physicians, Inc.

Baptist Neurology, Inc.

Baptist Obstetrics & Gynecology, Inc.

Baptist Primary Care, Inc.

Baptist Pulmonary Specialists, Inc.

Baptist Specialty Physicians, Inc.

Baptist Urology, Inc.

Lyerly Baptist, Inc.

Baptist Health Clinic, Inc.
(d/b/a Baptist Medical Bridge Clinic)

LIST OF PROVIDERS NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY

21st Century Oncology
Ackerman Cancer Center, PA
Ackerman Urology
Adler Podiatry Clinic
Advanced Ear, Nose and Throat Associates
Advanced Medical Associates
Ahmad S. Barakzoy, MD, LLC
Akra Professional Services
Alfred I. DuPont Hospital for Children
Amelia Anesthesia, PL
Amelia Respiratory and Sleep Medicine
Andrew L. Skigen, DMD, PA
Ankle & Foot Associates
Ashchi Heart & Vascular Center, PA
Atif Abdalla, MD
Balanced Physician Care, PA
Baptist Agewell Physicians*
Baptist Cardiology*
Baptist ENT Specialists*
Baptist MD Anderson Cancer Physicians*
Baptist Neurology*
Baptist Obstetrics & Gynecology*
Baptist Primary Care*
Baptist Pulmonary Specialists*
Baptist Specialty Physicians*
Baptist Urology*
Beach Medical Specialist, P.A.
Beaches Facial Plastic and Nasal Surgery Center P.A.
Beaches OBGYN, LLC
Borland-Groover Clinic P.A.
Bradley A. Cherry, DDS, MD, PA
Brooks Rehabilitation Specialists
Brown Fertility Associates P.A.
Cancer Specialists of North Florida
Cardiothoracic & Vascular Surgical Associates PA
Cardiovascular Consultants of St. Augustine
Carithers Pediatric Group
Ceron Pediatrics
Children's Health Associates
Cisca Pulmonary Critical Care, Inc
Clay Primary and Family Care Center
Coastal Cosmetic Center, Pa
Coastal Dermatology
Coastal Health Primary Care- FMC Argyle
Coastal Kidney Clinics of Jacksonville
Coastal Podiatry and Wound Care
Coastal Spine & Pain Center
Community Hospice & Palliative Care
Community Hospice of Northeast Florida
Contrast Connect
Conviva Physicians
Cosmetic Surgery Affiliates
Doctors Inlet Pediatrics & Primary Care
Dr. Zain Barnouti, DPM, LLC
Drs Imray & Gesek
Ellis Pediatrics
Emergency Resources Group
ENT Specialists of North Florida
Eric D. Pinnar, M.D.
Eugene H McCoskey D.O.,P.A.
FABEN Obstetrics and Gynecology, LLC
Family Allergy & Asthma Consultants P.A.
Family First Primary Care
Family Medical Centers
Family Wellness Center
Fawaz M. Ashouri, M.D.
First Coast Allergy and Asthma P.A.
First Coast Cardiovascular Institute, PA
First Coast Child Protection Team
First Coast Foot and Ankle Clinic
First Coast Heart & Vascular Center, PA
First Coast Infectious Disease Consultants
First Coast OMS
First Coast Oral Surgery
First Coast Plastic Surgery, PA
First Coast Urogynecology & Center
Fishman Pediatric Dentistry
Fleming Island Plastic Surgery
Florida Cancer Specialists & Research Institute, LLC
Florida Coast Pain and Spine Center
Florida ENT Associates, Inc.
Florida Institute for Reproductive Medicine
Florida Kidney & Hypertension Clinic, Inc.
Florida Kidney Physicians
Florida Pediatric Associates, LLC
Florida Physician Specialists LLC
Florida Plastic Surgery Group
Florida Reproductive Specialists
Florida Urogynecology, LLC
Florida Woman Care of Jacksonville
Foot & Ankle Specialists of Jacksonville
Formoso Spine & Joint Pain Specialists
Full Circle Jax of FL Woman Care

* These providers follow the FAP while providing medically necessary and/or emergent services at Baptist hospital facilities. See **Attachment A** of this policy. Independent medical providers on Baptist medical staff do not participate in the Financial Assistance Policy.

LIST OF PROVIDERS NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY CONT.

Fusion Healthcare Staffing
Futch Podiatry
Gaines C. Martin, MD
Genesis Care
George Miquel Jr., M.D.
Goldwasser Urogynecology
Great Expressions Dental Centers
Greenberg Dental & Orthodontics
Gynecology PlusH. Singh MD PA
HARRIS FOOT AND ANKLE
Heart Center of St. Augustine, PA
Henley and Kelly
Hicuity Health
HNI Healthcare
HNI Medical Services of Florida
Hospital Medicine Practice
Hospital Specialists P.A.
Ibrahim Heart Clinic
Innovative Physiatry Spine Clinic
Internal Medicine Associates of Jacksonville, PA
Island Pediatrics
Ivan A. Guerrero, MD
IVF Florida Reproductive Associates
Jackson + Coker
Jacksonville Cardiovascular Center
Jacksonville Center For Reproductive Medicine
Jacksonville Dermatology & Cosmetic Surgery
Jacksonville Eye Center
Jacksonville Faculty Practice Assoc.
Jacksonville Hearing and Balance Institute
Jacksonville Hospitalists P.A.
Jacksonville Kids Pediatrics, PLLC
Jacksonville Lung Clinic
Jacksonville Nephrology, PA
Jacksonville OB/GYN, LLC
Jacksonville Orthopaedic Institute, Inc.
Jacksonville Pain Center, PA
Jacksonville Pediatrics P.A.
Jacksonville Plastic Surgery, Inc.
Jacksonville Sinus & Nasal Institute
Jacksonville Skin Cancer Specialists
Jax OMS, P.A.
Jax Spine & Pain Centers
JE Foot & Ankle Associates
Jeff Podiatry
John J. Coleman, DPM
John Landis DDS, PA
Johnny N. Jada, M.D.
John-Paul Pham, LLC
Kasraeian Urology
Kidney Clinic of North Florida PLLC
Kulak Eye & Cosmetic Surgery
Leder Retina & Uveitis
Lemturner Family Medical Care
Levenson Eye Associates Inc.
Little Black Bag Medical
Luis F. Anez, MD, PA
Lyerly Baptist*
Marc S. Berger, MD
Mayo Clinic
McIver Clinic - Clay County
Mciver Urological Clinic
Medicus Healthcare Solutions
Meymand OMS, PA
Mid-America Oral & Facial Surgery
Millennium Physician Group
Mission House Inc.
Mosolf Pediatrics
Nation Kidney Partners d/b/a Jacksonville Kidney Center
NE FL Pediatrics, Pa
Nemours Children's Health
Nephrology Associates of Ne Florida
Nephrology Consultants of Jacksonville
Nephrology Group of Northeast Florida
NFS Jacksonville Sinus Institute LLC
North Florida Gynecologic Specialists
North Florida Medical Clinic
North Florida Oral & Facial Surgery, Pa
North Florida Regional Pain Management
North Florida Sinus Center
North Florida Surgeons P.A.
Northeast Florida Endocrine & Diabetes Associates
Nuvia Dental Implant Center
OB Hospitalist Group
OBGYN SPECIALISTS OF NORTH FLORIDA
Omar Kawwaff, M.D.
Oral and Facial Surgery Center of Tallahassee
Orles Pain Management and Regenerative Medicine Group, PA

* These providers follow the FAP while providing medically necessary and/or emergent services at Baptist hospital facilities. See **Attachment A** of this policy. Independent medical providers on Baptist medical staff do not participate in the Financial Assistance Policy.

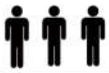
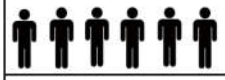
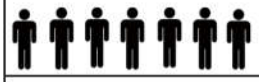
LIST OF PROVIDERS NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY CONT.

Orthopedic Specialists of Jacksonville
Palm Valley Eye Care and Surgeons
Patrick L Basile, Md Plastic S&W
Pediatric Associates
Pediatric Associates of Jacksonville
Pediatric Associates of Julington Creek
Pediatric Associates of Northeast Florida, LLC
Pediatric Eye Consultants of North Florida
Pediatric Otolaryngology Associates, LLC
Pediatrix Medical Group of Florida
Physician Group Services
Physician Partners of America
Physicians Group Services, PA
Podiatry Associates of Florida, Inc
Ponte Vedra Plastic Surgery
Pulmonary and Sleep Medicine of Clay, PLLC
Quality Eye Care, Inc.
Radiant Health of North Florida
Radiology Partners
Rainbow Pediatric Center, PA
Ralph Rizk, DO
Rizk orthopedics
Rania Abdel-Rahman, MD
Regional Obstetric Consultants
Reliance Primary and Urgent Care
Respiratory Critical Care and Sleep Medicine Associates
Richard W. Joseph, DMD, PA
River and Coast Women's Care
River City ENT
River City Nephrology, P.L.L.C
River City OBGYN Specialist in Women's Health
Riverside Eye and Laser Specialists
Rizk orthopedics
Robert A. Marino, M.D.
Rogozinski Orthopaedic Clinic, P.A.
Russell Stackhouse MD PA
Russell Stackhouse, MD PA
S. Reeder Henley Oral Surgery PLLC
San Jose Clinic
Sekine, Rasner, & Brock, Md Pa
Setzer, Cochran, Soares, and Hubbard Pediatric Dentistry
Sievert Gynecology
Smilling Kidds Dentistry
Snowden ENT
Sohrab E. Afshari, M.D.
South Atlantic Retina
Southeast Orthopedic Specialists
Southeastern Pathology Associates
Southeastern Retna Specialists
Southside Family Care Center
Southside Family Medical Center
Specialty Care, LLC
St Augustine Hospitalist Primary Care
St Augustine OBGYN
St. Augustine Oral & Facial Surgical Center
St. John's Pediatrics, PA
St. Vincent's Family Medicine Center
Stephen C. English, D.M.D.
Sunshine Medical Specialist LLC
Sunshine Spine & Pain PA
The Carithers Pediatric Group
The Institute for Florida Pain Specialists
The Magnolia Medical Group
Timothy J. Parker, D.M.D.
Timothy L. Wyatt, M.D.
Total Dermatology Care Center
Total Foot Care and Wellness Clinic
Trogolo Obstetrics and Gynecology
U.S. Anesthesia Partners of Florida Inc.
UF Health
UF Health First Coast Child Protection/Pediatric Forensics
Universal Kidney Care
Upperline Health, Foot and Ankle
Urgent Care Cure
VITAS Healthcare
Walsh Gynecology
Weatherby Healthcare
Weaver And Stratton Pediatric Dentistry
William J. Namen II, DPM, PA
Wolfson Children’s Terry Heart Institute*
Wolfson Children's Specialty Services*
Women's Care Florida, LLC
OB Hospitalist Group
Women's Physicians of Jacksonville, PA
Woodling Oral Surgery PLLC

* These providers follow the FAP while providing medically necessary and/or emergent services at Baptist hospital facilities. See **Attachment A** of this policy. Independent medical providers on Baptist medical staff do not participate in the Financial Assistance Policy.

2026 Federal Poverty Guidelines

To determine if you qualify for financial assistance, we consider how much income your family receives per year, how many people are in your family, and what other household financial resources you may have ("discretionary assets"). We compare the information you provide us with the current Federal Poverty Guidelines (FPG). The chart below is a general guideline:

Number of people in household	Full charity care (free care) may be available if your annual family income is:	Partial charity care or discounts may be available if your annual family income is:
	Below 200% of 2026 FPG	*200% to 400% of 2026 FPG*
	Less than $31,920	$31,920 to $63,840
	Less than $43,280	$43,280 to $86,560
	Less than $54,640	$54,640 to $109,280
	Less than $66,000	$66,000 to $132,000
	Less than $77,360	$77,360 to $154,720
	Less than $88,720	$88,720 to $177,440
	Less than $100,080	$100,080 to $200,160
	Less than $111,440	$111,440 to $222,880
More than 8 people in your household	Add $11,360 for each additional person	

Baptist Health Financial Assistance Program

If you need help paying for health care services received at a Baptist Health Hospital location, our Financial Assistance Program (FAP), may be able to help you. Please complete this application in its entirety so that our Patient Financial Advocates can review and process your application timely. Any missing or unclear information may delay the application process or result in a denial.

In addition to your application, you may be asked to provide the following support below:

Household Income Type	Documentation Needed
Employment income wages	• Most recent paystub with year-to-date gross wages; OR • At least most recent full month's paystubs
Self-employed business income or Rental Property income	• Most recent tax return with all schedules; OR • Profit and Loss Statement; OR • Rental Agreement(s)
Investment Income (Interest, Dividends, etc.)	• Most recent tax return with all schedules; OR • Investment Statements
Unemployment benefits or Workman's Compensation income	• Payment Summary showing your gross weekly benefits
Alimony or child support	• Most recent tax return with all schedules; OR • Court Divorce Decree / amount awarded
Pension or retirement/annuity income	• Most recent tax return with all schedules; OR • Monthly gross benefit letter
Social Security/Supplemental Security Income or Veterans Benefits	• Most recent tax return with all schedules; OR • Monthly gross benefit letter

Household Asset Type	Documentation Needed
Cash	• Current Bank Statement for all Checking and Savings accounts
Investments (CDs, US Savings Bonds, US Treasury Bills, Stocks, Money Market Funds, Mutual Funds, Trust Funds, etc.)	• Investment Statements showing balances
Secondary Home	• Mortgage Statement (other than primary residence); OR • Property Tax Bill / Statement

Household members	Documentation Needed
Dependent Children under age 18 living with you	• Most recent tax return with all schedules; OR • Guardianship papers; OR • Court Divorce Decree
Dependent Children under age 25 who are full-time students	• Most recent tax return with all schedules; OR • Proof of school enrollment
Qualifying Relative living with you (Parent, In-Law, Sibling, Niece, Nephew)	• Most recent tax return with all schedules showing proof you claim them on your tax return

How to submit your application:

Apply online at: www.My.BaptistChart.com

Email us at: PFSFAAPPT@bmcjax.com

In Person at: **Any of our Baptist Hospital Locations**
Or our **San Marco East Location** at:
3563 Philips Highway,
BLDG B, STE 201
Jacksonville, FL 32207

Send Mail to:
Baptist Health Jacksonville
P.O. Box 736048
Dallas, TX 75373-6048
Attn: Patient Financial Advocate

Questions? Call 904.202.2092

ATTACHMENT D

Financial Assistance Application for Hospital Services

Patient Name:_____ **Phone Number :**(_____) _____-_____
Date of Birth:_____/_____/_____ **SSN:**_____-_____-_____ **Email Address:**_____
Address:_____
City:_____ **State:**_____ **ZIP Code:**_____

Pregnant: ☐ **Yes** ☐ **No** **Disabled:** ☐ **Yes** ☐ **No** **Homeless:** ☐ **Yes** ☐ **No** **Marital Status:**

Is there health/auto insurance to cover any cost of your medical care? ☐ **Yes** _____ ☐ **No**
Insurance/Policy#

Household Members: List self, spouse, and all dependents living with you whom you support including, children under 18 or who are full-time college students under 25 (biological, adopted, step, other legally dependent child), parent, in-law, sibling, niece, or nephew.

Household Member Name(s)	Date of Birth	Last 4 digits of SS#	Relationship to Patient	Tax Filing Status
Self / Patient			Self / Patient	

Household Income: List all income or "no income" for all household family members listed above - including yourself.

Household Member Name(s) with or without income (including yourself)	Income Source Employer Name, Self-Employed, Rental Income, Investment Income, Workman's Comp, Unemployment, Alimony/Child Support, Pension/Retirement/Annuities, Social Security, VA Benefits, **or "No Income"**. If you do not know, write "Unknown".	Number of Months with Income or Without Income	Current Gross Monthly Income	Yearly Gross Income List total Income
Self / Patient*				

***If you are claiming "No Income", tell us who is supporting you: Name:** _____ **Relationship:**

Household Assets: List all assets or "no assets" for all household family members listed above - including yourself. *

Household Member Name(s)	Asset Type	Total Current Dollar Amount of Asset
Self / Patient		

*If the total of all assets exceeds $75k, any amount over $75k will be considered income for purposes of this calculation.

Attention Medicare Recipients: Federal regulations require Medicare recipients to provide proof of income and assets when applying for hospital financial assistance.

Baptist Health reserves its right to change any decision made in reliance of this form, including the reversal of a write-off, if the submitted information is inaccurate/false or if medical bills relate to an accident for which there is a subsequent recovery of monies. I certify that the information above is correct and understand that in accordance with FL Statute 817.50 providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree. I grant Baptist Health authorization to verify information given through a consumer credit report, if needed.

_____ _____
Patient / Guarantor Signature **Date**

IF MORE LINES ARE NEEDED, PLEASE REQUEST PAGE 2.

Questions? Contact Us.
My.BaptistChart.com ● Website: www.baptistjax.com/fap
P.O. Box 736048 ● Dallas, TX 75373-6048
Phone: 904.202.2092 ● **Fax**: 904.391.5550 ● **Email:** pfsfaappt@bmcjax.com

ATTACHMENT D

Calculation for Baptist Health's AGB% during the 2026-2027 Fiscal Year

An individual who is eligible for the financial assistance program will never be charged more than 20% of the total hospital charges for medically necessary care. That includes both inpatient and outpatient care. 20% is the average rate at which Medicare fee-for-service and commercial health care insurers reimburse Baptist Health.

To reach that 20% rule, we use the "look-back" method. We add up all claims paid to us during a 12- month period by Medicare fee-for-service and commercial health care insurance companies for Medically Necessary Care. We divide that amount by the full total of the charges for those claims. The number we get is called the Amount Generally Billed percentage, or "AGB%". The claims we review are those that have been paid and discharged within that 12-month period. If a claim has not been finalized by the last day of the 12- month period, we do not count that claim in the total. Claims are only counted when paid. The AGB% will be updated annually and applied within 120 of the end of the 12-month period used to calculate the AGB%.

When calculating the AGB%, we include the full amount allowed by an insurance company. That means the amount the insurance company is obligated to pay plus the amount the patient is obligated to pay. A patient's responsibility may include co-payments, co-insurance, and deductibles. In terms of what amount we count for the patient's payment, it does not matter whether the full charge for the service was actually paid. We also do not take into account whether a discount was applied to the patient's bill. The AGB is divided by the gross patient charges for all claims over a 12-month look-back period that were paid by Medicare and commercial health care insurers.

A separate AGB% is calculated annually for each Baptist Health hospital facility, and all Baptist Health hospital facilities apply the lowest of these AGB percentages. Self-Pay patients are given a discount equal to the inverse of the AGB percentage, in the example above, a discount of 80%.

The following AGB percentages were calculated for each Baptist Health hospital facility:

Baptist Medical Center of the Beaches, Inc. – **20%**

Baptist Medical Center of Nassau, Inc. – 21%

Baptist Emergency Nassau Crossing – 31%

Southern Baptist Hospital of Florida, Inc.

Baptist Medical Center Jacksonville – 21%

Wolfson Children's Hospital – 38%

Baptist Medical Center South – 22%

Baptist Medical Center Clay – 22%

Baptist Emergency Center North – 23%

Baptist Emergency Center at Town Center – 27%

Baptist Emergency Center at Oakleaf – 26%

Baptist Emergency St. Augustine – 22%

Financial Assistance Policy Summary

At Baptist Health, we are sensitive to the needs of patients who are unsure if they can afford the care they need. As part of our ongoing commitment to community health, it is our policy to help our patients understand the financial resources that may be available to them.

Baptist Health Offers:

- **Help** for patients to apply for government programs such as Medicaid, as well as other federal, state, and local programs.
- **Financial Assistance or Discounted Care** to patients who are uninsured or underinsured who qualify under our Financial Assistance Policy ("FAP"). Emergent and Medically necessary services furnished at our Hospitals are covered under our FAP. All other medical services provided may not qualify for financial assistance under the policy.
- **Flexible Payment Plans** based on patient financial status and total amount due. Our goal is to help patients pay their bills in a fair way based upon their circumstances.
- **Referrals** to programs for medical care, if patients do not qualify for financial assistance.

For more information, to get an application, the full financial assistance policy, a copy of this summary*, or to submit an application:

Visit:
www.My.BaptistChart.com OR
www.baptistjax.com/fap

Mailing Address:
Baptist Health Jacksonville
P.O. Box 736048
Dallas, TX 75373-6048
Attn: Financial Assistance Advocate

Call: 904.202.2092

*All documents are available in other languages

You will be asked to complete a simple application to confirm your household size and household income and assets. Once we review your completed financial assistance application, you may be eligible for either full assistance if your household income is below 200% of the federal poverty level or partial assistance if your household income is between 201% - 400% of the federal poverty level.

Patients eligible for financial assistance won't be expected to pay more for emergent or other medically necessary care than amounts generally billed (AGB), which are the total amounts Medicaid would allow for such care.

For in-person assistance, visit one of the locations listed below.

Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, FL 32207

Wolfson Children's Hospital
800 Prudential Drive
Jacksonville, FL 32207

Baptist Medical Center South
14550 Old St. Augustine Road
Jacksonville, FL 32258

Baptist Medical Center Beaches
1350 13th Ave. South
Jacksonville Beach, FL 32250

Baptist Medical Center Nassau
1250 South 18th Street
Fernandina Beach, FL 32034

Baptist Medical Center Clay
1771 Baptist Clay Drive
Fleming Island, FL 32003

BAPTIST HEALTH

ATTACHMENT F