Baptist Health South Florida

POLICY TITLE: Financial Assistance Policy

Responsible Department: Revenue Management

Creation Date: 10/22/01
Review Date: 09/29/2026
Revision Date:
09/29/2026

SUBMITTED BY (AUTHOR):
Janette Sanchez, Esq.
Title: Corporate Vice President of Finance

APPROVED BY: Matthew Arsenault
Title: Executive Vice President and Chief Financial Officer
PUBLISHED (Released): 09/29/2026

SUMMARY & PURPOSE:
To set forth guidance for providing financial assistance to patients, including guidance on communicating the availability of the program and on recording and reporting financial assistance granted.

POLICY:
In furtherance of its charitable purpose and tax-exempt mission, Baptist Health South Florida and each of its wholly owned hospitals and affiliates listed in Attachment 1 ("BHSF" or "Baptist Health") will provide financial assistance to those individuals in need. BHSF will comply with all federal and state laws, regulations and guidelines governing the provision and recording of financial assistance. In keeping with effective stewardship, provision for financial assistance will be budgeted annually.

In order to promote the health and well-being of the community served, uninsured individuals with limited financial resources who are unable to access entitlement programs shall be eligible for free health care services based on established criteria. Eligibility criteria will primarily be based upon the Federal Poverty Guidelines and will be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. The eligibility criteria may be revised upward or downward as necessary. The objective of the eligibility criteria under this policy is to allocate financial assistance resources based upon a patient's ability to pay.

Financial assistance may be denied if a patient is eligible for other coverage resources such as Medicaid or a subsidized Health Insurance Exchange plan and refuses to apply for these resources.

This policy applies to patient service charges which no health insurance or any other payor source (e.g. third party auto insurance, workers compensation, etc.) covers. If a determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person's ability to pay at a later date. The need for financial assistance is to be re-evaluated at the following times:

1. Subsequent rendering of services,
2. Income change or,
3. Family size change.

This policy does not apply to services rendered by Express Care, Care on Demand, or any concierge practice of Baptist Health Medical Group. See Attachment 1 for providers that render services covered by

this policy. For Bethesda Hospitals East and West, this policy applies only to Emergent and Urgent (as defined) patients. In addition, this policy does not apply to cosmetic surgery or other procedures that are not medically necessary for the diagnosis or treatment of illness or injury. This policy applies only to facility charges and employed physician charges. The policy does not apply to private-practicing physician charges or other independent company billings. A list of providers delivering emergency or other medically necessary care at Baptist Health hospital facilities that specifies which providers are covered by this policy and which are not covered is available online at https://baptisthealth.net/patient-resources/billing-and- financial-assistance/affiliated-practices-and-practitioners.

The allocation of BHSF financial assistance resources will be limited to patients who:

1. Reside:
    a. In Miami-Dade County
    b. In Broward County (limited to services rendered at providers included in Attachment 1 located in Broward County)
    c. In Palm Beach County and
    d. North of mile marker 25 in Monroe County OR
2. Received/need to receive emergent or urgent services for an acute event. If the acute event presentation is related to a pre-existing oncological, cardiac or other chronic condition requiring treatment beyond the emergency stabilization, the charity care eligibility will not extend to the non-emergent treatment (e.g., non-emergent surgery, chemotherapy, radiation therapy*).* Other applicants with special needs (such as lack of services in their own geography) will be considered on a case-by-case basis, as budgeted resources permit.

To be considered for financial assistance, the patient must cooperate to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid. Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for financial assistance. BHSF financial counselors will be available to assist patients with completion of the application.

The necessity for urgent or emergent medical treatment of any patient will be based on the clinical judgment of the provider without regard to the financial status of the patient. All patients will be treated with respect, kindness, fairness and courtesy in attitude, mannerisms and tone of voice, regardless of their ability to pay.

Resources are limited and it is necessary to set limits and guidelines. These are not designed to turn away or discourage those in need from seeking treatment. They are intended to assure that the resources Baptist Health can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay.

COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:

Baptist Health hospitals provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Baptist Health hospitals will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Baptist Health hospital patients in a nondiscriminatory manner, pursuant to each Baptist Health hospital's EMTALA policy.

The following are the levels of financial assistance under this policy:

Designation	Responsible for administration	Eligibility guidelines[1] (based on federal poverty levels [FPL])	Applicable discount off of gross charges
State or federally qualified [1]	Vice President of Revenue Management	Family income of 200% FPL or less	100%
Special needs financial assistance [2]	Vice President of Revenue Management	Family income of 200 to 300% FPL	100%

[1] The federal poverty levels are the base eligibility criteria for this policy. See Attachment 2 for the current Federal Poverty Guidelines. Other financial information such as assets and hospital charges may be considered.

[2] Accounts qualifying at this level may be classified as "state or federally qualified" as long as the patient's discharge date is in the same or the preceding two fiscal years as the write-off. If the discharge date is prior to this time, the financial assistance will be classified as "special needs financial assistance."

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS:

Patients qualifying for financial assistance under this policy receive a 100% discount (i.e., free care). In accordance with Treas. Reg. § 1.501(r)-5(b)(1), however, Baptist Health is required to identify the method each hospital facility uses to determine the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care ("AGB"). To that end, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. Baptist Health uses the Prospective Medicare Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process Baptist Health would use if the FAP-eligible individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount Baptist Health determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles). Baptist Health does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

Baptist Health shall make reasonable efforts to determine whether a patient is eligible for financial assistance before engaging in extraordinary collection action(s) (see procedure 6 below).

SCOPE/APPLICABILITY:

This policy applies to all BHSF wholly owned hospitals and affiliates listed in Attachment 1 providing emergency and other medically necessary care with the exception of Express Care, Care on Demand, or any concierge practice of Baptist Health Medical Group.

PROCEDURES TO ENSURE COMPLIANCE:

1. Definitions:

a. **AGB:** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

b. **Application Period:** The period during which Baptist Health must accept and process an application for financial assistance under its Financial Assistance Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the

policy. The Application Period begins on the date the care is provided and ends on the later of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Baptist Health provides the individual with a written notice that sets a deadline after which extraordinary collection actions may be initiated.

c. **Assets:** Assets include immediately available cash and investments such as savings and checking as well as other investments, including retirement or IRA funds, life insurance values, trust accounts, etc. Assets also include the equity in the primary residence and other real estate.
d. **Disposable Income:** Annual family income divided by 12 months, less monthly expenses as requested on the application.
e. **Emergent and Urgent Patients:** Patients who present to and are treated in a BHSF hospital emergency department (including inpatients and observation patients admitted through the emergency department) or urgent care center.
f. **EMTALA:** Emergency Medical Treatment and Labor Act, 42 USC 1935dd.
g. **Extraordinary Collection Action (ECA):** Any action taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital's financial assistance program that require legal or judicial process including but not limited to: placement of a lien on an individual's property, foreclosure on an individual's real property, attachment or seizure of an individual's bank account or other personal property, commencement of a civil action against an individual, garnishment of wages, reporting adverse information about individual to a consumer credit reporting agency and sale of an individual's debt to another party.
h. **Family:** The patient, his/her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. Therefore, if the 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.
i. **Family Income:** Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, veterans' benefits, training stipends, military allotments, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates, and trusts.
j. **Financial Assistance:** Health care services that were never expected to result in cash inflows. Financial assistance results from providing health care services free or at a discount to individuals who meet the established criteria.
k. **Financial Assistance Committee:** A committee consisting of the Chief Financial Officer, Corporate Vice President of Finance, Vice President of Marketing and Public Relations, Vice President of Revenue Management, Vice President of Managed Care, Vice President of Patient Financial Services, Vice President of Patient Access and the Assistant Vice President of Pastoral Care.
l. **Medically Indigent:** A patient whose medical or hospital bills exceed a specified percentage of the person's annual gross income determined in accordance with the healthcare entity's eligibility system, and who is financially unable to pay the remaining bill. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.
m. **Medically Necessary:** In most cases, medically necessary will be defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury). Other services, not considered medically necessary under Medicare guidelines, will be considered by Baptist Health on a case-by-case basis in consultation with Baptist Health Case Management and physician leadership.
n. **Uninsured:** A patient with no health insurance or any other payor source (e.g., third party auto insurance, workers compensation, etc.) to cover the care requested or rendered. In addition, charges remaining after insurance payment due to exhaustion of benefits or dollar specified coverage limitations (e.g., inpatient benefits of $100/day) are uninsured charges. Financial assistance for elective patients with exhausted benefits or coverage limits requires approval by the Vice President, Revenue Management. The designation of uninsured does not extend to a patient for the patient's out-of-pocket obligation for co-pays, deductibles or co-insurance.

2. <u>Financial Assistance Guidelines</u>

   a. Accounts of medically indigent patients will be considered on a case-by-case basis by the Vice President

of Patient Financial Services or the Vice President of Revenue Management or their designee.

b. Financial assistance applications will be considered current for six months or until a change in patient financial status is determined.

3. Program Communication:
   a. This policy, the related financial assistance application and application instructions and a plain language summary of this policy shall be available as follows:
      - Upon request, a paper copy by mail without charge to the requesting party
      - On the Baptist Health website (www.baptisthealth.net)
      - At each hospital's patient access department and at each urgent care center operated under a hospital license
   b. The plain language summary shall address the following:
      - A brief overview of the financial assistance program and eligibility requirements
      - How an individual may obtain more information and a copy of the application
      - The direct website address and physical locations where an individual can obtain copies of the Financial Assistance Policy and application form.
      - Instructions on how the individual can obtain a free copy of the Financial Assistance Policy and application form by mail.
      - Contact information of hospital resources who can answer questions about program and the application.
      - A statement of the availability of translations of the Financial Assistance Policy, application, and plain language summary in other languages
      - A statement that no financial assistance-qualified individual will be charged more than amounts generally billed to individuals with health insurance.
   c. Signage with basic information about the hospital's financial assistance policy shall be posted in hospital registration areas.
   d. Baptist Health will identify local public agencies and not-for-profit organizations that address the health needs of the community's low-income population and provide such organizations with basic information about the financial assistance program.
   e. All billing statements to uninsured patients, including those sent by third-party collection agencies, will include a financial assistance conspicuous written notice that notifies and informs the recipient about the availability of financial assistance under this policy and the telephone number where the recipient may obtain information and assistance.
   f. All public information and/or forms regarding the provision of financial assistance will use languages that are appropriate for the Baptist Health service area.

4. Identification of Potentially Eligible Patients:
   a. Where possible, prior to the registration of the patient, a financial counselor will conduct a pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-registration interview is not possible, this interview should be conducted upon registration/admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives should not take place until the medical care required to stabilize the patient has been provided.
   b. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process.
   c. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance.
5. Determination of Eligibility:
   a. All uninsured patients identified prior to service and/or discharge as potential financial assistance recipients should be offered the opportunity to apply for financial assistance.

      - Applications for financial assistance may be obtained from and returned to Patient Financial Services or Patient Access.
      - In all cases, a communication with basic instructions shall accompany the application sent

to the patient and will indicate that a financial counselor is available to assist the patient with the application.

b. The patient should receive and complete a written application and provide all supporting data required to verify eligibility. The determination of eligibility must be a verifiable process and must include at least one of the following pieces of documentation:
    i. W-2 withholding forms.
    ii. Paycheck stubs.
    iii. Income tax returns.
    iv. Forms approving or denying unemployment compensation or workers compensation.
    v. A written verification from public welfare agencies or any governmental agency which can attest to the patient's income status for the past twelve months.
    vi. A Medicaid remittance voucher which reflects that the patient's Medicaid benefits for that Medicaid fiscal year have been exhausted.
    vii. A witnessed statement signed by the patient or responsible party. The statement shall include an acknowledgment that, in accordance with state law, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree.

    The documentation provided must be one of items i through vi above except for emergent/urgent patients and inpatients pending discharge with need for follow-up outpatient services.

c. In the event that the patient does not provide sufficient information to make a determination of eligibility for financial assistance, a financial counselor will provide written notice to the patient to let them know what information is missing. A copy of the plain language summary of the program shall be sent with such notice. If a financial counselor identifies a meritorious application that is supported by documentation (e.g., a credit bureau report) but is missing an element set forth in b. above (e.g., an application missing the signature of a witness), the Corporate Vice President, Revenue Management or the Vice President, Patient Financial Services may approve the financial assistance as Special Needs Financial Assistance.
d. A Medicaid remittance voucher reflecting that the patient's Medicaid benefits for that Medicaid fiscal year have been exhausted may be used without a written application to approve financial assistance eligibility.
e. A unique situation exists in the event of a hospital admission of a patient with both Medicare and Medicaid where:
    - Patient's Medicare Part A benefits are exhausted at or near the beginning of a Medicaid fiscal year (July 1st) and
    - Patient's inpatient Medicaid benefits are exhausted.

    In this scenario, Medicaid does not issue a remittance voucher to indicate that the coverage is exhausted. For this specific scenario, financial assistance may be approved without a written financial assistance application and without a Medicaid remittance voucher reflecting that the patient's Medicaid benefits are exhausted if the following documents are maintained:
    i. Copy of the Medicare remittance voucher demonstrating that the benefits are exhausted.
    ii. A screen-print demonstrating Medicaid eligibility for the entire admission.
    iii. Copy of the page from the *Florida Medicaid Provider General Handbook* specifying the policy for Inpatient Hospital and Medicare Part A Benefit Exhaustion.
    iv. Copies of split bills for the admission, segregating the charges for 1) Medicare Part A coverage, 2) Medicaid coverage and 3) the period following exhaustion of Medicare and Medicaid benefits.

f. If a Medicaid beneficiary applies for financial assistance for medically necessary services from a Baptist Health facility or provider that is not a Medicaid provider, the Medicaid beneficiary will be considered uninsured for such services and eligible to apply for financial assistance. In these cases, the validation of the patient's Medicaid eligibility along with a Medicaid remittance voucher denying Medicaid benefits may be used without a written application to approve financial assistance eligibility. If a denial from Medicaid is not forthcoming within 60 days of billing, a screen print of the patient's Medicaid eligibility will be placed in the document imaging system and the account may be approved for financial assistance without a written application and without a remittance voucher denying Medicaid benefits.
g. If a Health District of Palm Beach County ("HDPBC") beneficiary receives medically necessary services

from a Baptist Health facility or provider that is not contracted with the HDPBC and the patient's coverage by the HDPBC is verified, the patient will be presumed eligible for financial assistance for emergent services.

h. A credit report will be generated for applicants as considered necessary to validate the information provided in the application.
i. A record, paper or electronic, should be maintained documenting the identification of the individual who reviewed and approved or denied application and the date of such decision.
j. Upon completion of the application and submission of appropriate documentation, a financial counselor will document either on the application or on an attached summary: 1) approval or denial; 2) financial counselor name; 3) date of approval/denial and 4) any special comments/instructions.
k. Baptist Health facilitates hospital care for the patients of certain local charitable clinics. These local charitable clinics will provide annual confirmation of their financial assistance eligibility requirements to Baptist Health. In addition, documentation supporting the eligibility of patients approved by these local charitable clinics will be subject to periodic audit by Baptist Health. These local charitable clinics are provided with clinic-specific insurance plan codes to use when referring patients to Baptist Health. Patients approved for financial assistance by these local charitable clinics are automatically approved for Baptist Health financial assistance. In addition, the financial assistance eligibility determinations by these local charitable clinics will be considered current for a period of one year.
l. If a patient's ability to meet the residency requirements set forth in this policy is in question, the patient shall produce documentation demonstrating that he/she resides at an eligible address. An example of acceptable documentation is a utility bill with the patient's name and service location. Other documentation substantiating a patient's residency may be accepted with the approval of the Corporate Vice President, Revenue Management.
m. Presumptive eligibility – emergent and urgent uninsured patients may be presumed to be eligible for financial assistance in limited circumstances. Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance, and will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application. Circumstances eligible for presumptive financial assistance are as follows:
    - Patient is deceased with no known estate, or
    - Patient address on record is homeless or a homeless shelter or
    - Patients determined as eligible by an independent, third-party vendor with expertise and experience in such determination.
    - Patient is eligible for assistance programs (e.g., Medicaid) and the patient's charges for emergent or urgent days or services were denied because the patient's Medicaid or Medicare benefits were exhausted, the specific services are not covered, or benefits were otherwise unavailable and the patient has no remaining ability to pay.

6. <u>Billing & Collection</u>
    a. Baptist Health shall take the following steps to demonstrate reasonable efforts to determine whether a patient is eligible for financial assistance:
        1. Notify the patient about the financial assistance program before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the date of the first post-discharge billing statement for the care.
        2. Provide written notice relevant to completing a financial assistance application to a patient who submits an incomplete application during the Application Period (See procedure 5c above) and suspend any ECAs to obtain payment for the care for a reasonable period of time in order for the patient to respond.
        3. Make and document a determination of whether the patient is eligible for financial assistance for a patient who submits a complete application during the Application Period (See procedures 5h and 5i above) and suspend any ECAs to obtain payment for the care until a financial assistance determination is made.
        4. Notify the patient at least 30 days prior to initiating one or more ECAs to obtain payment for the care as follows:
            a. Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) that the hospital facility (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which

such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided.

b. Provide the individual with a plain language summary of the Financial Assistance Policy with the written notice.

c. Make a reasonable effort to orally notify the individual about the hospital facility's Financial Assistance Policy and about how the individual may obtain assistance with the financial assistance application process.

5. Maintain and enforce legally binding agreements with third parties to which a patient's debt is referred or sold to abide by certain requirements as follows:
   a. If the individual submits a financial assistance application after the referral or sale of the debt but before the end of the Application Period, the party will suspend ECAs to obtain payment for the care.
   b. If the individual submits a financial assistance application after the referral or sale of the debt but before the end of the Application Period and is determined to be eligible for financial assistance, the party will do the following in a timely manner:
      - Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the party and Baptist Health together more than he or she is required to pay for the care as a financial assistance-eligible individual.
      - If applicable and if the party (rather than Baptist Health) has the authority to do so, take all reasonably available measures to reverse any ECA (other than the sale of a debt) taken against the individual.
      - If the party refers or sells the debt to yet another party during the Application Period, the party will obtain a written agreement from that other party including all of the elements above.
   c. Upon determination that a patient is eligible for financial assistance, Baptist Health shall:
      - Notify the patient of the decision in writing.
      - Refund any payments received for the service covered by the financial assistance approval (unless such excess amount is less than $5 or such other amount published in the Internal Revenue Bulletin).
      - Reverse any extraordinary collection action taken against the patient.
   d. Prior to an account being authorized for Extraordinary Collection Action(s), a final review of the account shall be conducted and approved by the Vice President of Patient Financial Services to ensure that the reasonable efforts to determine if the patient is eligible for financial assistance are complete.

7. Notification of Eligibility Determination:
   a. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial will be provided, generally within 30 days of receipt of a completed application.
   b. If a credit bureau report was used in the determination that a patient is not eligible for financial assistance, the use of the credit bureau report is to be reported to the patient in accordance with the requirements of the Fair Credit Reporting Act.
   c. Financial assistance applications for patient accounts which are pending Medicaid approval will not be processed until Patient Financial Services has received final notification from the Medicaid program or a third-party eligibility consultant. If notification is not received within 120 days from the discharge date, the financial assistance application will be processed, with notification to the patient, generally within the following 30 days (unless there is notification of Medicaid approval during this time).

8. Monitoring and Reporting:
   a. Financial assistance will be reported annually in the Community Benefit Report and quarterly to the Community Benefit Committee.
   b. Financial assistance reported to the State of Florida must meet the state's financial assistance reporting guidelines. These guidelines are amended periodically. The current eligibility criteria are family income at or below 200% of the federal poverty guidelines or the amount of hospital charges due from the patient must exceed 25% of the patient's annual family income. However, in no case, shall the hospital charges for a patient whose family income exceeds four times the federal guidelines for a family of four be considered financial assistance for state purposes.

9. Hospital Contact Information:

Website	https://baptisthealth.net/patient-resources/billing-and-financial-assistance
Telephone	Speak with a Financial Counselor by calling 786-596-6507 (Monday through Friday – 9:00AM – 4:30PM) For Bethesda Hospitals, 561-737-7733 extension 84671
By Mail	Request information in writing, or mail an application to, Baptist Health South Florida, Inc., P.O. Box 830880, Miami, FL 33283
In Person	Meet with a Financial Counselor by visiting any of the Baptist Health hospitals' patient access departments (see Attachment 1)

SUPPORTING/REFERENCE DOCUMENTATION:

- Florida Statute 395.301 (8) *Itemized Patient Bill*
- Florida Statute 381.026 (4)(c)3 *Florida's Patient Bill of Rights and Responsibilities, Rights of Patients, Individual Dignity*
- Florida Statute 409.11 (1)(c) *Disproportionate Share Program, Definition of Charity Care*
- Internal Revenue Code § 501(r); Treas. Reg. § 1.501(r)-1 et seq.

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- Attachment: Eligibility Criteria for the Baptist Health South Florida Financial Assistance Program
- Financial Evaluation and Request for Financial Assistance Form

ENFORCEMENT & SANCTIONS:

This policy will be enforced by the Corporate Vice President, Revenue Management and the Assistant Vice President, Pastoral Care. Violation of this policy may lead to disciplinary action, up to and including termination.

ATTACHMENT 1
Baptist Health South Florida Wholly owned Hospitals and Affiliates

Baptist Hospital
8900 N Kendall Drive
Miami, Florida 33176

Bethesda Hospital East
2815 S Seacrest Blvd
Boynton Beach,
Florida 33435

Bethesda Hospital West
9655 W Boynton Blvd
Boynton Beach,
Florida 33472

Doctors Hospital
5000 University Drive
Coral Gables, Florida 33146

Fishermen's Community Hospital
3301 Overseas Highway
Marathon, Florida 33050

Homestead Hospital
975 Baptist Way
Homestead, Florida 33033

Mariners Hospital
91500 Overseas Highway
Tavernier, Florida 33070

South Miami Hospital
6200 SW 73 Street
Miami, Florida 33143

West Kendall Baptist Hospital
9555 SW 162 Avenue
Miami, Florida 33196

Baptist Outpatient Services
8900 N Kendall Drive
Miami, Florida 33176

Baptist Health Medical Group
8900 N Kendall Drive
Miami, Florida 33176

Baptist Health Medical Group Physicians
8900 N Kendall Drive
Miami, Florida 33176

Baptist Health Medical Group North
8900 N Kendall Drive
Miami, Florida 33176

Baptist Health Medical Group Orthopedics
8900 N Kendall Drive
Miami, Florida 33176

Baptist Health Medical Group Upper Keys
8900 N Kendall Drive
Miami, Florida 33176

Baptist Health Medical Group Oncology
8900 N Kendall Drive
Miami, Florida 33176

South Miami GYN Oncology
8900 N Kendall Drive
Miami, Florida 33176

Attachment

ELIGIBILITY CRITERIA FOR THE BAPTIST HEALTH SOUTH FLORIDA CHARITY CARE PROGRAM Based upon Federal Poverty Guidelines, Gross income levels, 2026

Family Size	200% FPL (100% discount)	200% to 300% FPL (100% discount)
1	$31,920	$31,921 to $47,880
2	$43,280	$43,281 to $64,920
3	$54,640	$54,641 to $81,960
4	$66,000	$66,001 to $99,000
5	$77,360	$77,361 to $116,040
6	$88,720	$88,721 to $133,080
7	$100,080	$100,081 to $150,120
8	$111,440	$111,441 to $167,160
More than 8, add indicated amount for each additional member 200% FPL: $11,360 300% FPL: $17,040		

Baptist Health South Florida

Baptist Health South Florida, Inc.

Plain Language Summary of Financial Assistance Policy

Baptist Health South Florida, Inc. ("Baptist Health") is dedicated to providing high quality, cost-effective, compassionate services to all, including as permitted by its resources, financial assistance to those in need. As a faith- based organization, Baptist Health is serious about its mission to help those in need and has elected to provide financial assistance to uninsured individuals who meet specific requirements in accordance with the Baptist Health Charity Care Policy.

Eligibility and Assistance Offered

The Financial Assistance Policy covers emergency or other medically necessary services provided by Baptist Health hospitals and affiliates, specifically Baptist Hospital of Miami, Doctors Hospital, Doral Hospital, Fishermen's Community Hospital, Homestead Hospital, Mariners Hospital, South Miami Hospital, and West Kendall Baptist Hospital, Baptist Outpatient Services, and Baptist Health Medical Group. This policy does not apply to Bethesda Hospital or Boca Raton Regional Hospital – please refer to these hospitals' respective financial assistance policies for more detail.

Uninsured patients with incomes below 300% of the Federal Poverty Level ("FPL") may receive free care for hospital services provided by Baptist Health hospitals and affiliates, specifically Baptist Hospital of Miami, Doctors Hospital, Doral Hospital, Fishermen's Community Hospital, Homestead Hospital, Mariners Hospital, South Miami Hospital, and West Kendall Baptist Hospital, Baptist Outpatient Services, and Baptist Health Medical Group. For patients who are uninsured and apply for financial assistance but do not qualify for free care under the financial assistance program, Baptist Health will consider the patient's household income, assets, and other circumstances to reach a mutually agreeable payment agreement. No one eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to patients with insurance.

How to Apply

To be considered for financial assistance, patients must complete and submit a financial assistance application to Baptist Health and provide any required supporting documents.

How to Obtain More Information

To learn more about the Baptist Health financial assistance program, obtain a free copy of the Financial Assistance Policy, application, and policy summary, or to obtain assistance with the financial application process, please contact Baptist Health as follows:

- Meet with a Financial Counselor by visiting any of the Baptist Health hospitals' admitting departments
- Speak with a Financial Counselor by calling 786-596-6507 (Monday through Friday – 9:00AM – 4:30PM)
- Visit our website at https://baptisthealth.net/patient-resources/billing-and-financial-assistance
- Request information in writing, or mail an application to, Baptist Health South Florida, Inc., P.O. Box 830880, Miami, FL 33283

This summary, the Financial Assistance Application, and the Financial Assistance Policy are also available in Spanish, and will be furnished upon request, free of charge through the same sources and locations noted above.

Baptist Hospital
BAPTIST HEALTH

NOTICE TO APPLICANTS:
ALL FEDERAL, STATE
AND LOCAL RESOURCES
SUPERSEDE THIS PROGRAM

Financial Evaluation & Request for Financial Assistance

Name of Patient _____ Previous Married Name(s) _____

If patient is a minor, complete this Financial Evaluation on Parents/Guardians: Name(s) _____

Address _____ City and Zip _____ Phone _____

How long have you lived at this address? _____
(If less than one year, give previous address)

Birthdate _____ Birthplace _____ Number of Dependents _____

Marital Status ____ Nearest Relative/Guardian _____ Relationship _____

Phone _____ Address _____ Zip _____

Healthcare services covered by application: ☐ Inpatient ☐ Outpatient If inpatient, provide dates of hospitalization: _____

If outpatient, please briefly describe (e.g., emergency department, MRI, mammogram, endoscopy) service requested: _____

Members of Household:

Name	Relationship	Birthdate	Occupation	Employer's Address	Salary
#1					$
#2					$
#3					$
#4					$
#5					$
#6					$

Financial Resources

Section 1 - INCOME:

Patient's Occupation _____

Name & Address of Employer _____

_____ Gross Salary $ _____

Years of Employment _____
(If less than one year, list previous employer)

Spouse's Occupation _____ Gross Salary $ _____

Years of Employment _____
(If less than one year, list previous employer)

Other Types of Income:

Supplemental Security Income	$	Vet. Pension	$	Unemployment Compensation	$
Old-age Assistance	$	Social Security	$	Interest Income	$
Aid to Disabled	$	Social Security-Disabled	$	Stocks/Bonds	$
Investments	$	Rental (Income)	$	Dividends	$
Aid to Dependent Children	$	Aid to Blind	$	Certificates of Deposit	$
Dade County Public Assistance	$	Alimony	$	Other (Specify)	$
Pension	$	Child Support	$		
		Workers' Compensation	$	TOTAL	$

S.S. # _____ V.A. Serial # _____ Medicaid I.D. # _____

Section 2 - PROPERTY:

Homestead-Current Assessed Value $ _____ Unpaid Balance $ _____

Mortgage Company _____ Monthly Payment $ _____

Other Property (such as condominium, townhouse, second home, land holdings, income-producing property): _____

Current Assessed Value $ _____ Unpaid Balance $ _____ Monthly Payment $ _____

Section 3 - SAVINGS:

SAVINGS: Bank _____ Account # _____ Balance $ _____

CHECKING: Bank _____ Account # _____ Balance $ _____

CREDIT UNION: Bank _____ Account # _____ Balance $ _____

Over ▶

Financial Evaluation & Request for Financial Assistance

Section 4 - ARE THESE HEALTHCARE SERVICES THE RESULT OF AN ACCIDENT?

Yes ☐ No ☐ If yes, do you have an attorney? Yes ☐ No ☐ If yes, attorney's name _____

Address _____ Zip _____

Phone _____

Section 5 - AUTOMOBILE:

Make _____ Model _____ Year _____

Value $ _____ Unpaid Balance $ _____

Insurance Company _____ Policy # _____

Section 6 - OTHER PERSONAL PROPERTY: (Such as other motor vehicles, boats, business equipment).

List showing current value and any unpaid loan amount: _____

_____

Section 7 - INSURANCE:

Hospitalization _____ Policy # _____ Group # _____

Supplemental Hospitalization _____ Life Insurance Co. _____

Face Value $ _____ Beneficiary _____ Sickness & Accident _____

Section 8 - MONTHLY EXPENDITURES: (Include Installment Payments)

Mortgage/Rent	$ _____	Property Taxes	$ _____
Telephone	$ _____	Lights	$ _____
Food	$ _____	Other Utilities	$ _____
Auto Insurance	$ _____	Clothing	$ _____
Medical Premiums	$ _____	Auto Expenses (Gas, etc.)	$ _____
Medications	$ _____	Miscellaneous Expenses (Specify)	$ _____

Section 9 - LIST ANY OTHER OUTSTANDING DEBTS: (Credit Cards, Loans, Hospital/Doctor Bills, Etc.)

Company	Balance Owed	Monthly Payment
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$

Total Expenses $ _____ Total Income $ _____

NOTICE

The undersigned represent that the applicant has no health insurance or any other payor source (e.g., third party auto insurance, workers' compensation, etc.) for the healthcare services for which this application is being completed. The undersigned also represent that the information provided in this application is true and correct in all material respects.

Each of the undersigned authorizes Baptist Hospital and its agents and affiliates to obtain a credit report from a consumer reporting agency for purposes of verifying the information provided by the undersigned and for determining eligibility for financial assistance.

In consideration of Baptist Hospital's reliance on the representations made herein, the undersigned agree that in the event of any material omission, misstatement or misrepresentation concerning any of the information requested by or provided in this statement, they shall be jointly and severally liable for the charges for all goods, services and treatments furnished the patient by Baptist Hospital, or its affiliated entities, whether or not such charges are charged off or otherwise treated as charity, welfare or bad debt, and further agree that they shall be jointly and severally liable for attorneys' fees and costs incurred by Baptist Hospital, in the enforcement of the agreement.

The undersigned acknowledge that Section 817.50, Florida Statutes, provides that whoever shall, willfully and with intent to defraud, obtain or attempt to obtain goods, products, merchandise or services from any hospital in this state shall be guilty of misdemeanor of the second degree.

_____

SIGNATURE DATE

_____

SIGNATURE OTHER THAN PATIENT (STATE RELATIONSHIP) DATE

_____

WITNESS DATE

SIGNATURE **MUST** BE WITNESSED