



FINANCIAL ASSISTANCE POLICY – PLAIN LANGUAGE SUMMARY

The Baxter Regional Medical Center (“BRMC”) has adopted policy that allows certain low-income patients to receive discounted care for covered services. This document summarizes our financial assistance policy. Questions may always be directed to BRMC at the address/number below.

ELIGIBLE PATIENTS – Patients receiving covered care from a covered provider may apply for financial assistance. Eligibility is based on the ability to pay and includes factors like family income, lack of insurance, catastrophic medical need, or physical or mental incapacitation. Eligibility is primarily based on how family income compares to National Poverty Guidelines.

COVERED CARE – Medical care is “covered care” when (1) it is considered emergency or other medically necessary care, and (2) it is provided in BRMC’s hospital, in a department of the hospital, or in a provider-based clinic. Examples include hospital admission for treatment, surgery, treatment in the Emergency Room, and treatment in the Wound Center or Pain Clinic, so long as that care is emergent or medically necessary. Purely elective care is not “covered care.”

COVERED PROVIDERS – If “covered care” is provided by a BRMC hospital provider (such as hospital doctors and nurses) or a medical provider who works in a clinic related to the hospital (such as the Clinic at Flippin, the Comprehensive Women’s Center, or the Bone & Joint Clinic), the patient’s treatment is eligible for financial assistance in the form of discounted care.

HOW TO APPLY – The application form for financial assistance will be given to all uninsured patients and to anyone else upon request, free of charge. All patients will receive a copy of this Plain Language Summary upon admission to or discharge from the hospital. The application form, the full Financial Assistance Policy, and this Plain Language Summary are also available from the Patient Financial Services by telephone or mail at the address/number below and on the BRMC website at <https://www.baxterregional.org/financialassistance>. If you need assistance completing the application, you may also contact Patient Financial Services. Completed forms and documentation can be submitted in person to any member of Patient Financial Services or mailed to:

Baxter Regional Medical Center
624 Hospital Drive
Mountain Home, AR 72653

DETERMINATIONS OF QUALIFICATION FOR FINANCIAL ASSISTANCE – Eligibility for financial assistance is determined using the Department of Health and Human Services’ National Poverty Guidelines.

FOR HELP OR QUESTIONS, PLEASE CALL PATIENT FINANCIAL SERVICES AT 870-508-1080.