



## **FINANCIAL ASSISTANCE POLICY – PLAIN LANGUAGE SUMMARY**

The Baxter Regional Health Center (“BRMC”) has adopted a Financial Assistance Policy (“FAP”) that allows certain low-income patients to receive free or discounted care for covered emergency and medically necessary services. No patient will be denied financial assistance because of their race, religion, national origin, or any other basis which is prohibited by law. Patients seeking financial assistance must apply for the program, which is summarized 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.

**ELIGIBLE SERVICES** – Emergency or other medically necessary healthcare services provided by and billed by BRMC is eligible for financial assistance. The Financial Assistance Policy (“FAP”) only applies to services billed by BRMC. Other services which are separately billed by other providers, such as physicians, may not be covered under the FAP.

**HOW TO APPLY** - 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 (FAP), and this Plain Language Summary are available from Patient Financial Services by telephone or mail at the address/number below and on the BRMC website at <https://www.baxterregional.org/patients-visitors/patients/patient-financial-services/>.

If you need assistance completing the application, you may contact Patient Financial Services. Completed forms and documentation can be submitted in person to any member of Patient Financial Services or mailed to:

Attention: Patient Financial Services  
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. Patients whose annual family income is 138% or less of those guidelines qualify for free care. Patients whose family income is between 139-300% of those guidelines qualify for care at reduced cost. Eligible patients will not be charged more than the AGB for emergency or other medically necessary care.

For prevalent non-English languages in the community, translation services of all financial assistance documents may be available by calling Patient Financial Services at 870-508-1080.

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