Financial Assistance Application

Thank you for choosing Baptist Health for your healthcare needs.

We are pleased to provide you with this application to determine if you meet the qualifications for assistance with your hospital bill from Baptist Health. In order for us to process your application, the information requested on the enclosed FINANCIAL DISCLOSURE document (application) must be completed in its entirety. Please be assured that the information you provide will be treated as confidential and used only to determine whether financial assistance can be provided.

As part of our review process, we require that you submit all the applicable documentation listed below. All pages of all documents are required and no altered documents will be accepted. If federal income tax guidelines require you to complete a tax return, that return must be completed before financial assistance can be considered. Failure to provide all requested information may cause your application to be denied. False statements of any kind may result in permanent denial for hospital financial assistance. You must exhaust all forms of state assistance before qualifying for hospital assistance. The required documents are to be included with your application form are:

- Fully completed and signed Financial Disclosure document
- Completed and signed IRS form 4506-T
- Copy of your most recent state and federal tax return, including W-2's and all schedules. (If self-employed, you will need to provide the last two years of your tax information.)
- Copies of the two most recent pay stubs for all wage-earners who live in the household
- Proof of other income, including Social Security, disability, pensions, and any other form of income for all household members
- Copies of the two most recent bank statements from all accounts, including any supporting documentation for the source of each deposit not covered by income above
- Two most recent investment statements from all accounts not covered by the above such as HSA, FSA, stocks, bonds, and CDs, excluding retirement accounts
- Evidence (a letter) showing Medicaid application or lack of eligibility. Full cooperation with our staff or contractor will be acceptable evidence
- All applications without bank statements must provide one month of receipts or check cashing service or utilities bills paid in cash
- Proof of family size if not listed on tax document

If you have any questions or need assistance, contact your Baptist Health financial counseling office from 8:30 a.m.-4:30 p.m. Monday through Friday. Closed weekends.

- Corbin: 606.523.8736, or visit at 1 Trillium Way near the Main Entrance and Gift Shop.
- Floyd: 812.981.7289 or 812.949.5726, or visit at 1850 State Street off the main lobby across from the Women's Imaging Center.
- Hardin: 270.979.1629, or visit at 913 N Dixie Ave Cashier's Window located in the main hallway.
- La Grange: 502.222.3342, or visit at 1025 New Moody Lane on the first floor off the Main Entrance atrium. Ask at the cashier office.
- Lexington: 859.260.6600 or, or visit at 1740 Nicholasville Road, Building D, near the entrance.
- Louisville: 502.897.8157, or visit us at 4000 Kresge Way, off the Main Entrance lobby, across from Mammography.
- Paducah: 270.575.2140 or visit us at 2501 Kentucky Ave., (next to the Cashier's Office at the Main Entrance.
- Richmond: 859.625.3659 or 859.625.3120 or visit us at 801 Eastern Bypass, ground floor, main hospital. Ask at Registration.

FINANCIAL DISCLOSURE - Baptist Health

GENERAL INFORMATION

Patient information:

Patient account number: _____ Check in date: _____

Name: _____ SSN: _____
Address: _____ County: _____
Home phone: _____ Birth date: _____
Employer: _____ Work phone: _____
Occupation: _____

Guarantor (or spouse if married):

Name: _____ SSN: _____
Address: _____
Employer: _____ Work phone: _____
Occupation: _____
Relationship to patient: _____

Family information:

	Family member	SSN	Age	Relation to patient
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please mail completed form and attachments to the hospital where you were treated:

Baptist Health Financial Counselors

(Add correct address from list below.)

Corbin: 1 Trillium Way, Corbin, KY 40701
Floyd: 1850 State St., New Albany, IN 47150
Hardin: 913 N Dixie Ave., Elizabethtown, KY 42701
La Grange: 1025 New Moody Lane, La Grange, KY 40031
Lexington: 1740 Nicholasville Road, Lexington, KY 40503
Louisville: 4000 Kresge Way, Louisville, KY 40207
Paducah: 3501 Kentucky Ave., Paducah, KY 42003
Richmond: 801 Eastern Bypass, Richmond, KY 40476

SCHEDULE OF FAMILY RESOURCES - INCOME

Monthly family income:

Patient's salary $ _____
Spouse's/guarantor's salary $ _____
Retirement/pension $ _____
Social Security $ _____
Net rental/lease cash flow $ _____
Interest $ _____
Dividends $ _____
AFDC/TANF/Welfare $ _____
Alimony received $ _____
Child support received $ _____
Unemployment income $ _____
Guard/Reserve/Military pay $ _____
Work Comp benefits $ _____

Other income/assistance (list):

_____ _____
_____ _____
_____ _____

Total monthly income $ _____ **A**

Annual income = **(A x 12)** $ _____ **B**

Annual income adjustments (describe):

_____ _____
_____ _____
_____ _____

Total income adjustments $ _____ **C**

Adjusted annual income = (B+C) _____ **[A]**

2. Cash and investments:

a. Bank accounts

Bank name	Account #	Checking/savings	Current balance
			$ _____ **[A]**
			$ _____ **[A]**
			$ _____ **[A]**

b. Stocks, mutual funds, CD's and other non-retirement investments:

Name/description	Account #	Type of investment	Current balance
			$ _____ **[A]**
			$ _____ **[A]**
			$ _____ **[A]**

Total Family resources for charity determination ***Sum of [A]*** $ _____

Applicant signature: _____ Date: _____

Person supplying information (if different from applicant): _____ Relationship to applicant: _____