

| BAPTIST HOSPITALS OF SOUTHEAST TEXAS |                               |
|--------------------------------------|-------------------------------|
| Policy Manual:                       | Patient Financial Services    |
| Policy Number:                       | PFS.01.01.0031                |
| Original Date:                       | Apr 2016                      |
| Review Date:                         | 04/17, 07/18, 07/19,6/21,6/24 |
| Reviewed By:                         | Admin Director Business Svc   |
| Revision Date:                       | 07/19                         |
| This Policy Supercedes:              |                               |
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**SUBJECT: POLICY REGARDING WIDELY PUBLICIZING FINANCIAL ASSISTANCE  
POLICY**

**POLICY STATEMENT**

The hospital will implement measures to widely publicize the Financial Assistance Policy to the community that it serves.

**PROCESS**

1. The Financial Assistance Policy, the financial assistance application, and the plain language summary of the Financial Assistance Policy attached hereto as Attachment A ("the Plain Language Summary") are posted on the hospital's website [www.bhset.net](http://www.bhset.net). Translations have been made available on the website in the primary language of any population with limited English proficiency that comprise the lesser of 1,000 individuals or 5% of the community served by the hospital or the population likely to be affected or encountered by the hospital.
2. At registration, patients will be provided a copy of the Plain Language Summary.
3. Copies of the Financial Assistance Policy, the financial assistance application, and the Plain Language Summary will be available at the hospital's admissions and financial counseling areas.
4. Signs that prominently present information about the availability of financial assistance will be present in the admissions area and emergency department.
5. Copies of the Financial Assistance Policy, the financial assistance application and the Plain Language Summary will be made available without charge upon request by mail at PO Box 1591, Beaumont TX 77701, by email at [billing@bhset.net](mailto:billing@bhset.net), or by telephone at 409-212-6141. Translations will be made available without charge upon request in the primary language of any population with limited English proficiency that comprise the lesser of 1,000 individuals or 5% of the community served by the hospital or the population likely to be affected or encountered by the hospital.

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6. Financial Counselors will be available to provide information and assistance regarding the Financial Assistance Policy and the financial assistance application.
7. Billing statements will include a notice that notifies and informs recipients about the availability of financial assistance including telephone number for inquiries regarding financial assistance and the website where additional information can be obtained.

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## **Attachment A**

### **Plain Language Summary of Financial Assistance Policy**

**As part of its contribution of resources, advocacy and community support to promote the health status of the community, which it serves, the hospital will provide financial assistance to patients with a demonstrated inability to pay for medically necessary services in accordance with the hospital's Financial Assistance Policy.**

**All patients may apply for financial assistance, including those with insurance. The patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or the patient's family and the amount of the outstanding balance. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance. There is no assurance that the patient will qualify for financial assistance.**

**Established eligibility criteria and discount guidelines will be used to determine what amount, if any, of an outstanding patient account balance qualifies for financial assistance. Patients whose yearly household income is at or below 200% of the Federal Poverty Guidelines (FPG) will receive a 100% discount. Patients whose yearly household income is above 200% but not more than 400% of FPG are eligible to receive services at a discounted amount. Patients whose outstanding balance, after payment by all third parties, is at or above 10% of their yearly household income are eligible to receive services at a discounted amount.**

**No patient who qualifies for financial assistance will be charged more for emergency or other medically necessary care than amounts generally billed to patients having insurance.**

**Free copies of this Plain Language Summary, the Financial Assistance Policy, and the financial assistance application are available on the hospital's website at**

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[www.bhset.net](http://www.bhset.net), are available in the hospital's admissions area and emergency department, can be obtained by calling 409-212-6141, and can be requested by mail at PO Box 1591, Beaumont TX 7770, or email at [billing@bhset.net](mailto:billing@bhset.net). Translations will be available upon request.

The hospital's financial counselors are available to answer questions and provide information about the Financial Assistance Policy and to assist with the financial assistance application process. The hospital's financial counselors may be reached between the hours of 8:30 am and 4:30 pm Monday through Friday by calling 409-212-6141.