



Financial Assistance Plain Language Summary

Baptist Health Care (BHC) provides free care to eligible patients who receive emergency or other medically necessary care from our hospital facilities and our providers. Financial Assistance is only available for eligible services billed by BHC. Covered facilities include Baptist Hospital, Jay Hospital, and Gulf Breeze Hospital as well as applicable providers.

Assistance offered:

Generally, a patient will be eligible for assistance if their family income is at or below 300% of Federal Poverty Guidelines (FPG). Hardship cases will be reviewed for possible qualification.

How to Apply:

Free copies of the BHC Financial Assistance Policy and the Financial Assistance Application are available several ways:

- At all BHC registration desks (including facility and provider locations)
- By calling Customer Service at 850-908-2000
- Via email request to financialassistance@bhcpns.org
- On BHC website at ebaptisthealthcare.org/patientfinancialresources/

Assistance will be provided in completing applications if needed. Complete applications should be mailed to:

Patient Financial Services - BHC
PO Box 17106
Pensacola, FL 32522

Or email to financialassistance@bhcpns.org

Translations:

The Financial Assistance Application, our Financial Assistance Policy and this Plain Language Summary are also available in Spanish at the locations noted above.

For Help or Questions:

Call Customer Service at 850-908-2000