

As of September 1, 2018, Wake Forest Baptist Health updated its financial assistance policy. At Wake Forest Baptist, we recognize the financial burden that medical bills may cause for medically necessary services. Our goal is to protect our patients' financial health and help them manage outstanding balances.

▪ **Does Wake Forest Baptist offer any discounts to patients without insurance who have no ability to pay?**

Patients **without** insurance or any other funding source who have a household income equal to or less than 300% of the Federal Poverty Limit (FPL) and live in North Carolina in Wake Forest Baptist's 19-county service area may be eligible for a full (100%) discount for non-elective, inpatient or outpatient, critically necessary medical care for a single, qualified condition or ailment for 3 months from date of approval per Wake Forest Baptist policy and retroactively for 240 days per federal law.

Eligibility is based upon a patient or legally responsible individual's household size, income and assets.

▪ **What kinds of services are considered non-elective?**

Non-elective services are those your physician defines as critically necessary and cannot be postponed without harm to you. Your physician determines whether there is medical urgency for the service.

▪ **What kinds of services are considered elective?**

Elective services that are typically not eligible for a 100% discount are listed below. Some of these services may be eligible as determined by your doctor. Services typically covered by Medicaid are indicated with an asterisk (*).

Services Typically Not Eligible for 100% Discount	
<ul style="list-style-type: none"> ▪ Acupuncture ▪ Bariatric Surgery ▪ Behavioral Health & Addiction Services * ▪ Cardiac Rehab * ▪ Cataract Surgery (unless medically necessary) * ▪ Chronic Pain Services ▪ Cochlear Implant ▪ Contact Lenses or Exams * ▪ Cosmetic Surgery/Procedures * ▪ Deep Brain Stimulation ▪ Elective Full-body MRI ▪ Elective Infant Circumcision ▪ Elective Obstetric Ultrasound * ▪ Elective Virtual Colonoscopy ▪ Epilepsy Monitoring Unit ▪ Genetic Testing * ▪ Hearing Aid Devices * ▪ IVF for PROACT (preserving reproductive opportunities after cancer treatment) ▪ Joint Replacements ▪ Labor & Delivery * 	<ul style="list-style-type: none"> ▪ LDL Apheresis ▪ Left Ventricular Assist Device ▪ Out-Patient Dialysis * ▪ Outpatient Physical, Occupational and Respiratory Therapies * ▪ Pediatric Hearing Aids (ages to 21) ▪ Penile or Testicular Implant ▪ Podiatry Services * ▪ Retail Pharmacy * ▪ Sleep Studies * ▪ Synvisc Injections ▪ Transplants ▪ Ultrasound Tissue Characterization Evaluation ▪ Ultrasound Tissue Characterization Scanning ▪ Vasectomy Reversal ▪ Weight Management * <p>Plus:</p> <ul style="list-style-type: none"> ▪ Recipients who refuse transfer to a VA facility ▪ Any other procedure that does not meet non-elective care criteria as determined by Wake Forest Baptist Health *

▪ **What if I need other critically necessary medical care or my care plan goes beyond three months?**

Patients may reapply for financial assistance.

▪ **What if I am already approved for financial assistance?**

Wake Forest Baptist's new policy has new benefit eligibility periods. All patients, except those referred by the Community Clinic of High Point (who likely will be referred to High Point locations) need to reapply for financial assistance through Wake Forest Baptist.

Note: Any financial assistance approved through UNC's policy from when they owned High Point Regional and UNC Regional Physicians will be honored only at UNC facilities until its expiration date.

- **How do I apply/reapply for a full (100%) discount?**

For a 100% discount, Financial Assistance information and applications (English and Spanish) are available on our website at WakeHealth.edu, from Customer Service at (336)-713-4955, at the Admissions desk or the Cashier's Office, or at any clinic registration desk.

- **What information do I have to provide to apply for a full (100%) discount?**

Patients must provide a completed and signed financial application, income documentation and proof of residency in Wake Forest Baptist's 19-county service area.

- **How will I know if I am eligible for a full (100%) discount?**

After receiving all required information, a Wake Forest Baptist Health representative will process the request, determine eligibility and then contact the patient/legal guardian.

What other financial assistance options are available?

- Any patients **without** insurance who live in the United States **and do not qualify for the 100% discount** may be eligible for a partial discount on some types of service.
 - ❖ **Note:** Patients **with** insurance are not eligible for the full or partial discounts listed above because insurers have already negotiated a discounted rate.
- International patients who live outside the United States may be eligible for a partial (50%) discount on some types of service.
- Patients **with or without** insurance may be eligible for our 0% interest loan program or extended payment plans to help manage out-of-pocket expenses on some types of service.

Information on all discounts, loans or payment plans is available through Financial Counseling at (336)-716-0681.

Can someone explain the financial assistance program and help me apply?

Yes, assistance is available from Financial Counseling at 336-716-0681, and you may meet with a Financial Counselor at the hospital campus you are visiting.

FOR INTERNAL USE ONLY

Today's Date: _____ Date Referred: _____
Referred By: _____ Ins: _____
Guarantor #(s): _____ MRN #: _____
Admit/Discharge Date(s): _____
Diagnosis: _____
Procedure: _____
Est. Charges: _____ Est. Pt. Bal.: _____ Est. Length Of Disability: _____

Patient Information:

Patient Name: _____ DOB: _____
Social Security Number: _____ County of Residence: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home # _____ Work # _____ Cell # _____
Is the patient a U.S. citizen? _____ If no, is the patient a legal resident? _____

Immediate Family Members Living in the Home (Younger than age 18 or a full-time student):

Relationship: _____	Name: _____	DOB: _____	SSN: _____
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Relationship: _____	Name: _____	DOB: _____	SSN: _____
Relationship: _____	Name: _____	DOB: _____	SSN: _____

Employment Information for Patient/Parent/Legal Guardian/Spouse

Employer: _____ How Long at Current Employer: _____
Employee: _____ Relationship to Patient: _____
Hourly Wage: _____ Hours Worked per Week: _____
How Often Paid: _____ Monthly Gross Pay: _____
Date Last Worked: _____ Income While Out of Work: _____

(If currently unemployed)

Employment Information for Patient/Parent/Legal Guardian/ Spouse

Employer: _____ How Long at Current Employer: _____
Employee: _____ Relationship to Patient: _____
Hourly Wage: _____ Hours Worked per Week: _____
How Often Paid: _____ Monthly Gross Pay: _____
Date Last Worked: _____ Income While Out of Work: _____

Additional Income:

Type: _____ Monthly Amt.: _____ Received by: _____ Date Began: _____
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By my signature below, I certify that the above information is an accurate and complete statement of my current financial position, and I give my permission to verify this information. Wake Forest Baptist Health reserves the right to reverse a discount previously recorded if it is determined that a additional third-party payer resources were available or the information provided was false.

Signed by: _____ **Date:** _____

Relationship to Patient: _____