

(ORGANIZATION NAME)
Patient Assistance Policy
-- SAMPLE --

BACKGROUND

The (Organization Name) provides financial assistance to families with bleeding disorders at the Board's discretion if funds are available. The intent of this fund is to assist families who have additional financial strains due to the bleeding disorder. A bleeding disorder can be extremely expensive and place many financial burdens on families. Limited funds and increasing family needs make it necessary to have a system of guidelines in place.

POLICY

Families with bleeding disorders may seek financial assistance from (Organization Name) after all other community resources are exhausted. This is a fund of last resort. Eligible families are those living in (Organization Name) service area with a priority given to those persons attending a Hemophilia Treatment Center (HTC). This fund is to offer assistance in situations which are caused by the diagnosis, or which are more severe due to the diagnosis. (Definition of "families" is the immediate family living with the person with the bleeding disorder).

EMERGENCY PATIENT AID – RELATED TO BLEEDING DISORDER

- Housing
- Dental
- Psychosocial treatments
- Other items to be addressed at the discretion of the Board of Directors

Transportation to and from the HTC and Medical Alert ID tags are treated as a separate category and do not count towards lifetime maximum.

PROCEDURE

1. All persons requesting assistance will be directed to the HTC Social Worker for a determination of eligibility and financial need. The Social Worker will provide financial counseling and refer the applicant to all the appropriate community resources using the Special Need Fund as the last resort.
2. The Social Worker will request documentation from the family to demonstrate that they have applied for appropriate programs. Acceptable proof can include copies of bills, letters proving access to services, etc. The Family Crisis Request Form will be completed and submitted to the Executive Director and Board with each request.
3. A Release of Information form will be signed by each family to consent to confidential information exchange among the HTC staff, the Executive Director and the Board. Information will be exchanged on a need-to-know basis and will be maintained in total confidence.
4. The Executive Committee will determine most requests. The Social Worker and the Executive Director will screen the requests up to \$500.00 and approve as needed. A request above \$500.00 will be sent to the full Board for approval. A minimum of two officers must approve.
5. The billing source (third party) will be paid directly. A copy of the invoice for auditing purposes is required.
6. Families may request Special Needs Fund financial assistance not to exceed \$1500 in a lifetime for each member of the family who has a bleeding disorder. This assistance is cumulative, so for example, a family with two children affected by bleeding disorders may seek assistance not to exceed \$3000 (\$1500 per child) in the children's lifetimes. Requests above the guideline limits must go to the Board for consideration and approval.

REVIEW

This policy will be reviewed annually by the Board of Directors.