

# Sample Patient/Family Emergency Financial Assistance Policy

**Organization Name:** XXX State Bleeding Disorder Foundation

**Approval Date:** January 1, 2026

**Approved by:** XXX Bleeding Disorder Foundation Executive Board

**Background:** The (Organization Name) has a history of providing emergency financial assistance to families with a bleeding disorder at the Board's discretion and contingent on the availability of funds set aside for special-needs in the organization's annual budget. The intent of this special-needs fund is to assist families who have urgent financial strains due to or complicated by a family member's bleeding disorder. A bleeding disorder can be extremely expensive and place many financial burdens on families. Limited funds and an increasing number of requests from families for emergency financial assistance make it necessary to have a system of guidelines in place.

**Policy:** Families with one or more immediate family members living in the same household with a diagnosis of a bleeding disorder are eligible to apply for patient emergency financial assistance from the (Organization Name). Eligible families must be living within the (Organization Name) service area. The family may apply through their social worker at the hemophilia treatment center (HTC) or may apply directly to the (Organization Name) by contacting the executive director or assistant director. Because of the limited availability of these special-needs funds, in general such assistance is only available after all other community resources have been exhausted. The purpose of this fund is to offer emergency financial assistance in situations caused by the diagnosis of a bleeding disorder, made more severe due to the diagnosis, or in which the medical care and well-being of a person with a bleeding disorder is jeopardized due to an emergency financial situation.

**Conditions Covered Under Patient Emergency Financial Assistance:** Patient emergency financial assistance is available for the following conditions:

- To avoid eviction or shut-off of services related to unpaid bills for Housing/Heating/Gas/Electric
- Emergency dental care not covered by insurance or other third-party payors
- Emergency psychosocial evaluation and treatment not covered by insurance or other third-party payors
- Financial assistance for medication directly related to the patient's bleeding disorder
- 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 a person's lifetime maximum.

**Procedure:**

1. All persons requesting emergency financial 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 the appropriate community resources using the special-needs 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 Financial 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 social worker and the Executive Director will screen all requests and approve/deny requests for amounts up to \$500.00. All requests for amounts above \$500.00 will be sent to the full Board for approval. A majority of the Board must approve the request.
5. The billing source (third party) will be paid directly. A copy of the invoice for auditing purposes is required.
6. Families may request emergency financial assistance not to exceed \$3,000 in a lifetime for each member of the family who has a bleeding disorder. This assistance is cumulative. For example, a family with two children affected by bleeding disorders may seek assistance not to exceed \$6000 (\$3000 per child) until the children are 18 years of age or financially independent. At that time each person with a bleeding disorder becomes eligible for their own \$3000 emergency financial assistance life-time maximum. Requests above the guideline limits must go to the Board for consideration and approval.

**Review:** This policy will be reviewed every three years by the Board of Directors.