

What is Patient Assistance?

“Patient Assistance” is a term used to describe a charitable organization dedicated to providing help to individuals with difficulty affording the high cost of healthcare associated with their specific illness. These foundations offer financial assistance to eligible patients for covering out-of-pocket healthcare costs. For instance, there are specific foundations established to help with co-insurance for certain cancer drugs or blood disorders.

Specific patient guidelines must be met for acceptance into these programs. Some of these guidelines include household income, insurance coverage, diagnosis, specific chemotherapy drugs, and available funding.

How do we help you?

Once our billing specialist has determined that you may be a candidate for assistance, you will be referred to our Patient Assistance Coordinator. From here, we try to match your diagnosis and therapy plan with a foundation that may be able to assist with funds. In order to begin the process, you will be asked to provide proof of income and diagnosis. Once all proper documentation has been obtained, we will submit the application on your behalf. From there, the foundation will determine your eligibility.

It is important to note that regardless of your eligibility with patient assistance and regardless of your status in these programs, you are still responsible for paying your co-payment. The assistance that you may or may not receive will help only with specific drugs and not your entire balance. Please remember, you alone are responsible for your balance.

This service is not a guarantee of payment. It is simply to assist in trying to minimize your out-of-pocket expenses with our office. We encourage our patients to seek out other forms of assistance as well for making payments on your balance. If you do take outside assistance, please let someone in our insurance and billing department know of your status in these organizations.

If you have any questions, please do not hesitate to ask to speak to one of our Patient Assistance Coordinators.

I understand the above specifications and conditions of the patient assistance program and accept the guidelines listed above.

Patient/Responsible Party Signature

Date

