



Funding Hope, Help and Possibilities

1721 E 19<sup>th</sup> Avenue  
Suite 106  
Denver, CO 80218  
303-429-0688  
www.limbpreservation.org

## Patient Assistance Funds Guidelines

The Limb Preservation Foundation's Patient Assistance Fund provides hard cost reimbursement to doctors/vendors of qualifying patients who are uninsured or underinsured and who are in active treatment for extremity issues pertaining to the treatment for tumor, trauma or infection. Although no payment will be allocated to cover the cost of physician and/or hospitalization fees, if a patient qualifies (under the categories listed below and is approved for funding by the Foundation's Patient Assistance Committee) payment will be made to the patient's vendor to cover the cost of the services provided.

- \* Qualified patients must reside or are being treated in the Rocky Mountain region (Colorado, Wyoming, Utah, Nebraska, Kansas, New Mexico, Arizona, Montana, and Idaho).
- \* Qualified patients are eligible to receive assistance, based on eligibility requirements and the availability of funds.
- \* All applications must be coordinated by a social worker or healthcare professional who will attach a qualifying letter of assessment.

### **To be eligible for funds, only patients with the following conditions will be considered for support:**

- \* Patients with tumor of the extremities including bone and soft tissue tumors.
- \* Patients with tumors in the shoulder and pelvic areas that threaten limbs.
- \* Patients with limb-threatening traumatic injuries to the extremities including partial or complete amputation.
- \* Patients with severe infections of the bone and/or soft tissue of the extremities and non-healing bones.

### **The amount of funds, which patients can apply for, depends on a variety of factors:**

- \* There is a **per-patient/per-services** cap on funding.
- \* The individual or family will not be eligible for additional Patient Assistance Funding in a **twelve-month period** after the **maximum** amount of assistance has been given on a per-fund basis.
- \* Assistance to individuals and/or families will be provided on a case-by-case basis.
- \* The Limb Preservation Foundation Patient Assistance Funding shall serve as grant funding only and cannot be utilized for any type of loan agreement.

### **Applying for Repeat Procedures**

- \* A new Patient Assistance Fund application form and associating documents must be submitted to The Foundation for each request for funding.

## Types of Assistance Provided

**Patient Services Fund**  
**Medical Transport Fund**  
**Emergency Distress Fund**  
**Patient/Caregiver Lodging Fund**

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### **Patient Services Fund**

- \* Outpatient Chemotherapy
- \* Outpatient Intravenous Antibiotics
- \* Outpatient Physical Therapy
- \* Outpatient Occupational Therapy

*For this program there is a \$5,000 maximum limit per patient per twelve-month period.* Patients that need additional assistance after the financial limit has been reached will be referred to other resources, or will be asked to apply for funding **twelve months from the date of their first request.**

### **Medical Transport Fund**

The Limb Preservation Foundation's Medical Transport Fund provides financial support for medical transport to qualifying extremity patients. If a patient qualifies under the categories listed below and is approved for funding by The Foundation's Grant Application Review Committee, the patient's vendors will receive funding to cover the cost of the transport requested.

To be considered eligible for assistance from The Foundation's Medical Transport Fund, their current doctor and/or social worker must refer the extremity patient and the medical professionals will be asked to state and/or verify the following case information:

- \* **Medical Necessity Verification Form** - The referring physician and/or social worker will be asked to complete a letter of request stating that there is a medical necessity for patient's travel out of area for further evaluation and/or treatment. The physician/MSW will need to explain, in detail, the condition for which the patient is being treated and show a plan of treatment outside of area. In addition, the physician will be asked to verify that it is medically safe for the patient to travel and the physician and/or social worker will specify what type of transportation is suggested for transport.
- \* **Financial Means Evaluation Form** - The Limb Preservation Foundation will ask for a letter of certification from the applying patient's physician/MSW/health care professional documenting that transportation is medically necessary and that the required travel would be a financial hardship on the applicant.

Modes of transportation, which will be provided under this fund, will include:

- \* Prepaid gas credit cards
- \* Interstate bus tickets/vouchers
- \* Air transport
- \* Train transport

If approved, assistance will be provided directly to carrier companies and/or via prepaid vouchers for the necessary transport. ***For each patient there is a limit of \$1,500 in a twelve-month period.*** Patients are welcome to apply for additional funding on an as needed basis **twelve months from the date of their first request.**

### **Emergency Distress Fund**

The Limb Preservation Foundation's Emergency Distress Fund provides financial support to qualifying patients. If a patient qualifies under the categories listed below and is approved for funding by the Foundation's Patient Assistance Committee, the patient's vendors will receive funding to cover the costs needed.

The following conditions will be considered for support:

- \* Health and/or human welfare areas, as deemed appropriate by the Foundation's Patient Assistance Committee
- \* Unforeseen events that have resulted in the need for emergency funding

The Foundation's grant funding assistance will solve a problem, which threatens the immediate health, safety or self-sufficiency of a family or individual who has been presented with a qualified medical extremity issue by preventing the loss of

- \* Adequate shelter
- \* Eviction of possessions
- \* Additional medical care

Providing other needed support services, such as but not limited to

- \* Transportation
- \* Child care

For the preservation of or access to employment that is essential to the provision of basic human needs.

***For each patient there is a \$5,000 maximum in one twelve-month period.*** All Emergency Distress funds will be approved or denied within 48 hours of receiving the initial application. The patient may apply for additional funding **twelve months from the date of their first request.**

### **Patient/Caregiver Lodging Fund**

The Patient/Caregiver Lodging Fund grants patients and their families or their caregivers a place to stay close by to the hospital where their loved ones are getting treatment. This fund is designated for patients that need to get treatment for multiple days or weeks. ***This fund is capped at \$1,500 in a twelve-month period.*** The patient may apply for additional funding **twelve months from the date of their first request.**

### **Maximum Amount of funding for patients**

**The maximum award to be given in a twelve-month period cannot exceed \$8,000.**

**The maximum life-time allocation cannot exceed \$25,000.**

## How the Grant Process Works

1. Patients must work with a social worker or other health care professional to complete the Patient Assistance Application (Application forms are available online at [www.limbpreservation.org](http://www.limbpreservation.org)).
2. The Social Worker or Health Care Professional will need to attach a letter of assessment to each application submitted releasing information pertaining to viable candidacy of the patient in regard to positive lifestyle choices that will enable the best possible outcomes.
3. The Social Worker or Health Care Professional will need to check all forms for completion and will need to attach vendor/provider documentation including copies of actual bills and/or pricing schedules which are being requested for payment.
4. The Social Worker or Health Care Professional will need to mail the completed Application form to: The Limb Preservation Foundation, 1721 East 19<sup>th</sup> Ave, Suite 106, Denver, CO 80218, or email to [taylor@limbpreservation.org](mailto:taylor@limbpreservation.org)
5. Requests for funding will be on a first come first served basis according to eligibility requirements and availability of funds. Please allow 2 to 4 weeks for processing of the Application. This is with the exception of the Emergency Distress Fund, which will be answered within 48 hours of receiving the application.
6. After the Application is approved or denied, the referring professional will receive a phone call and written documentation from The Limb Preservation Foundation.
7. Once approved, The Limb Preservation Foundation will send the check directly to the vendor and email confirmation to the social worker and client.
8. Once approved for funding, a letter to the patient's doctor will be sent by email or mail to inform the doctor of the assistance their patient will be receiving.

## Guidelines for Completion

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- \* Social worker/health care professionals must use the current application form.
  - \* Please complete all fields on the form, or provide an explanation for incomplete items.
  - \* Social workers/health care professionals are responsible for verifying that clients meet the eligibility requirements:

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1. Written assessment/comments on application submitted releasing information pertaining to viable candidacy of the patient in regard to positive lifestyle choices.
  2. State what alternative sources of funding the patient has applied for to help pay for the services needed and the result.
  3. Patient health insurance status.
  4. Patients live or are treated in the Rocky Mountain region (Colorado, Wyoming, Utah, Nebraska, Kansas, New Mexico, Arizona, Montana, Idaho)
  5. Last active treatment was within three months of application.
  6. There are no known alternate sources of funding for requested item(s).
- \* Funds will only be released directly to commercial vendors only. No funds will be distributed directly to patients or credit card companies.
- \* For all categories of assistance, an appropriate bill or other documentation must accompany applications.

**For questions regarding The Limb Preservation Foundation's Patient Assistance Fund, please contact Taylor Circeo at (303) 429-0688 or by email to [taylor@limbpreservation.org](mailto:taylor@limbpreservation.org).**