


Name of Policy: <u>Patient Assistance Fund</u> Policy Number: 3364-137-PT-14 Department: Rehabilitation Services Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director, Therapy Services Scope: Rehabilitation Services	 Effective Date: 12/1/2022 Initial Effective Date: 5/2000
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The Rehab Services Department will maintain a discretionary fund to assist patients with specific needs that they are unable to fund themselves or through other means. This discretionary fund may also be utilized to provide limited support to community groups serving patient populations consistent with the Rehab department’s mission.

(B) Purpose of Policy

The Patient Assistance Fund will help to aid patients who need supplies or equipment (not covered by their insurance) to maintain or improve their quality of life. The fund may also be used to provide limited support to community groups that assist disabled individuals within the community.

(C) Procedure

1. The discretionary fund is supported by employees who voluntarily participate in fundraisers.
2. Employees who elect to participate in fundraisers will make their donation to the employee designated as the collector by the committee. The collector will give the donations to the account custodian.
3. Requests for patient supplies, equipment, or requests for community support will be submitted via the attached form to one of the members of the Patient Assistant Fund Committee for approval. Members of the committee are the Director of Therapy Services and selected committee. The committee may request supportive documentation of patient need.
4. The Account Custodian will give an update of the account balance to the Rehabilitation Services Director upon request. This report will include the amount of money collected and disbursed. A record of the purchases will be maintained and will include purchase receipts.

Approved by: <u>/s/</u> <u>12/01/2022</u> Alison Matson PT, DPT, NCS Director of Therapy Services Date	Review/Revision Date: 8/2000 2/2002 9/2003 7/2006 1/11/2010 11/1/2016 11/2019 12/2022
<u>/s/</u> <u>12/01/2022</u> Christine Stesney-Ridenour, COO Date	
Next Review Date: 12/1/2025	
Policies Superseded by This Policy: 23-PT-14	