

## General:

The purpose of the patient assistance program is to give financial assistance to qualified patients in need that are going through treatment for limb-related illness or accident. The application is found on LPF's website under the Patients tab.

<https://limbpreservation.org/patient-assistance/>

There are two unique applications: NEW Patient assistance application and ADDITIONAL assistance application (See under "Applications" for more detail)

These applications can be filled out online or printed completed. But they must be signed/dated (can be signed electronically but must have disclosure box checked) and sent in by a medical care professional on behalf of the applicant along with other documentation.

## States that we service:

Qualified patients must reside in or are being treated in one of the states of the Rocky Mountain region below:

- Arizona, Colorado, Idaho, Kansas, Montana, Nebraska, New Mexico, Utah and Wyoming.

## Eligibility:

The Limb Preservation Foundation supports patients with the following medical conditions:

- Patient 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.
  - *In some situations, the patient assistance committee may request a written statement from a treating physician acknowledging the applicant's injury is limb-threatening.*
- Patients with severe infections of the bone and/or soft tissue of the extremities and non-healing bones.

## Applications:

All NEW applications must be accompanied by:

- Cover sheet with checklist & acknowledgement of disclosures
- **Fully** completed application signed by medical provider
- Copy of ID for proof of identity
- Letter or email from medical provider on their letterhead explaining the diagnosis, treatment and current situation of the patient
- Copy of **all** bills that the patient is asking payments for with matching amounts (If the amounts do not match up, it will be sent back)
- Disclosures:
  - Incomplete applications missing any of the items on the checklist will not be viewed and will be returned

- Applications submitted directly from a patient/caretaker that is not accompanied by an email/letter proof that a medical provider has completed, reviewed, and signed the form will be rejected
- If no response is received after many attempts on a question for a pending application, it will be considered denied and a new application will need to be submitted
- Applications must be submitted by the 3<sup>rd</sup> Monday of each month to be considered for that month's committee review. Otherwise, they will be reviewed during the following month.

**\*\*Important note to remind social worker/person filling out application, to carefully review the applicant's financial situation and have evidence that financial aid is needed. Also have them sign off that the financial situation has been reviewed.**

Applications will expire when there has been no activity for 12 months after the initial application. After that time, a new complete full application must be submitted with the required items above. **Reasoning:** A patient's situation can be completely different in 12 months than at the time of the initial application. The committee may also ask for a new full application at any time if they deem it necessary to have a clear understanding of the applicant's current situation.

**\*\*Updates to the application: Married or domestic partner/care-taker name, Include the total number of people in the household including number of children under age of 18. Explain household situation if necessary, ie: living with adult child(ren) because they are caretakers and supporting financially, etc. and explain whose names are on the bills being requested for payment (if not the patient).**

The ADDITIONAL ASSISTANCE APPLICATION can only be used when the patient has submitted a full application in the 12 month period and can continue to submit additional assistance applications as needed each month in the 12 month period (as long as the patient is still receiving treatment from the same medical provider). The application must be fully complete and be sent in by the medical provider.

Applications will NOT be accepted if they are not sent in by the medical provider or include a treating medical provider referral in writing on the provider's letterhead with the provider's signature.

Applications that are requesting coverage on payments for multiple months will be reviewed by the patient assistance committee and they will determine on a case by case basis how much to cover. Each month is treated individually depending on the number of applications and the amount of funding available. This means that there might be some months when the application requesting multiple months of coverage will get approved and in other cases it will only be approved for one month. In the case of the application only being approved for one month, the same application will be brought forth in the next month's committee meeting for evaluation.

## Covered Assistance and Limits:

All requested items below will be paid directly to the vendor/provider. No payments will be made directly to the patient or caregiver.

***\*Gift cards for gas or others will no longer be sent because of fees associated and the risk of them being lost or stolen in transit. Instead we encourage the submission of other vendor bills that can be paid to the vendor directly.***

- Patient maximum in yearly calendar period - \$4,000 / Lifetime maximum - \$15,000
- Mortgage/rent - \$1,000
- Car or car insurance payment - \$500
- Utility bills - \$200
- Hospital/treatment lodging for patient and/or caregiver (see lodging section below) - \$1,500
- Health insurance premium - On a case by case basis
- Outpatient Treatment – On a case by case basis

**Lodging:** We have two preferred lodging providers: one is near Presbyterian/St. Luke's Medical Center and the other is near UHealth Anschutz Campus. We will cover at the rate is \$70 per night (St Christopher Inn's rate). If an applicant wants different lodging, they will be responsible for making those reservations themselves and will be asked to send in an application for payment on another household bill instead. (We do not reimburse for pre-purchased travel costs.)

**St Christopher Inn:** 1780 N Lafayette St, Denver, CO 80218  
(720) 917-9900

**Drury Inn & Suites Denver Central Park:** 4550 Central Park Blvd, Denver, CO 80238  
(303) 373-1983

**\*\*Medical Transportation will no longer be on the application:** This will not be an option on the application because we cannot widely offer this service to all the states. In the Denver Metro area, on a **very limited basis**, we may be able to work with a cab company to provide local transportation to outpatient appointments. (Depends on the cab driver's availability.)

## Processing:

Applications are due by the Monday before the committee meeting. Committee meetings are typically on the 3<sup>rd</sup> Thursday of each month but can be the 4<sup>th</sup> Thursday if the month has 5 weeks. Please check with [PatientResources@limbpreservation.org](mailto:PatientResources@limbpreservation.org) to confirm the due dates.

Once an application is received, if the application is fully complete and all requirements attached, an acknowledgment will be sent to the sender and what the next steps are. If the application is not complete, it will be returned to the sender and let them know what is missing and that it will not be accepted for review until all items are received.

If the complete application is requesting funding over \$500 or a brand new applicant, it will be put into the list of applications that will be emailed to the patient assistance committee the week of the monthly meeting.

If the application is approved by the committee, the medical provider will be notified that the application has been approved, payment(s) to the vendor(s) will be sent out soon and that they will be receiving a copy of the payment(s) to share with the patient.

If the application is denied by the committee, the provider will be notified that it was denied, reason(s) why and to submit a new application if necessary.

If the application has a conditional approval, the provider will be notified of the conditions and what is necessary to complete the application so that it can be processed.

## Patient Assistance Committee:

Purpose: The patient assistance committee meets via Zoom once a month, typically on the 3<sup>rd</sup> Thursday (on occasion it is the 4<sup>th</sup> Thursday), to review the applications.

Process: During the committee meeting, the applications are reviewed one by one and the committee will motion to approve or deny coverage.

After the meeting, the medical provider/social worker will be notified of the decision. If payments need to be processed, the vendor payment letters and copy of checks will be sent to the medical provider/social worker to be forwarded on to the patient.