



## Patient Assistance Fund Policy and Procedure

### I. Policy

This policy sets forth guidelines for financial assistance to be disbursed to patients with neurological disease including Multiple Sclerosis, ALS and Parkinson's disease but not limited to other neurological diseases.

### II. Purpose

The Patient Assistance fund has been established to assist patients and families in the Southeastern United States directly related to their care.

### III. Procedure

Any patient needing assistance will be screened by members of the Board of Directors.

The information obtained will include the following:

- a. Identifying information (name, address, phone, email, etc...)
- b. Diagnosis letter by treating neurologist or primary care provider
- c. Reason for needing assistance
- d. Income status
- e. Alternative resources explored

### III. Other

- A. Respite Care – a form of support for the caregiver that will provide them a respite from their caregiving duties. Another caregiver will temporarily care for the patient while the primary caregiver has a time of reprieve. Funding will pay for respite care for an outside caregiver up to \$500.00 annually in increments of \$100.00 for each request. Receipts must be provided.
- B. Nutrition Consultation- a form of support for a consultation for nutritional education to be given. The maximum amount of this funding is \$60.00.
- C. Travel- a form of support for travel, lodging, gas mileage, or any other travel
- D. Accessibility grant- a form of support for wheelchair accessibility (wheelchairs, ramps, lifts), bathroom modifications, or home modifications. Must have more than one quote for service needed and this is limited to one service per year per person.
- E. Counseling services- a form of support provided for patients or caregivers for a one-time consultation by a licensed professional counselor. The maximum request is \$100.00 annually.
- F. Wellness Consultation- a form of support for personal training by a certified professional. The maximum amount is \$120.00 annually with increments of \$40.00 per session.
- G. ADL Items- not covered by insurance- a form of support provided for patients for uninsured ADL items such as walkers, canes, roll, splints, grabbers, etc.. The maximum request is \$50.00 annually.
- H. PT or OT consultation for uninsured- a form of support for patients that are uninsured to have physical therapy and/or occupational therapy. The maximum request is

to have physical therapy and/or occupational therapy. The maximum request is \$150.00 annually.