

## The Perfect Child Financial Assistance Policy

### 1. Purpose.

This policy establishes a standard procedure for identifying patients who are financially or medically indigent and demonstrate an inability to pay for their Medically Necessary Applied Behavioral Analysis (“ABA”) therapy. This policy sets out eligibility for The Perfect Child's (“TPC,” “we,” or “our”) Financial Assistance Program, creates the process for patients to apply for Financial Assistance, and describes how TPC will publicize the Financial Assistance Program.

### 2. Policy.

TPC is committed to providing Financial Assistance to eligible patients that are financially or medically indigent and demonstrate an inability to pay for their Medically Necessary services.

TPC offers Financial Assistance to patients based on financial need and does not take into account race, religion or religious affiliation, age, gender, sexual orientation, immigration status, or any other characteristics protected by federal, state, or local law.

TPC reviews and updates all policies and procedures at least annually and when there are significant changes to applicable laws, regulations, or other guidance.

### 3. Scope/Applicability.

This policy applies to financially or medically indigent patients who cannot otherwise pay for their Medically Necessary ABA services provided by TPC.

This policy applies to services provided in the clinic or in a community or home setting by TPC that are Medically Necessary.

### 4. Procedure.

#### (a) Eligibility Criteria for Financial Assistance and Basis for Calculating Amounts Charged

- (i) Patients who are unable to pay for Medically Necessary services may be eligible for TPC’s Financial Assistance Program.
- (ii) Eligible patients may be uninsured, underinsured, or ineligible for any local, state, and federal assistance programs.

(iii) Patients must first exhaust primary insurance coverage for the Medically Necessary services received, to be eligible for Financial Assistance, including applying for local, state, and federal assistance programs for coverage.

(iv) TPC may evaluate several factors to determine a patient's eligibility for Financial Assistance, including but not limited to:

(A) individual or household income;

(B) family size;

(C) individual or family assets (for example, the patient's household savings, checking, investment assets, real property assets, and overall financial position);

(D) monthly expenses (the patient's household living expenses, including medical expenses and other basic needs); or

(E) medical condition and treatment.

(v) TPC will use the Federal Poverty Guidelines as a guide to determine the amount of Financial Assistance that will be applied if there are no other financial resources available, as follows:

(A) patients earning up to 350% of the Federal Poverty Guidelines will receive a full discount off the charges for their Medically Necessary services; and

(B) patients earning up to 500% of the Federal Poverty Guidelines will receive a partial discount off the charges for their Medically Necessary services.

TPC may evaluate the needs of patients earning 400% or more of the Federal Poverty Guidelines on a case-by-case basis to determine whether they may qualify for Financial Assistance, as well.

(vi) The granting of Financial Assistance will be based on an individualized determination of financial need, and TPC will not take into account race, religion, age, gender, race, sexual orientation, religious affiliation, immigration status, or any other characteristics protected by federal, state, or local law.

(b) Method for Applying for Financial Assistance and Application Review

(i) A patient must complete and sign a Financial Assistance Application to be considered for Financial Assistance.

(ii) The Financial Assistance Application must be completed in its entirety and signed by the patient's parent or legal guardian.

(iii) The Application must include the required supporting documentation for TPC to verify the household income, assets, and monthly expenses.

(iv) The application period for Financial Assistance begins on the date that TPC provided the qualifying treatment and ends on the later of:

(A) 240 days after the first billing statement is provided to the patient;  
or

(B) the deadline included in a written statement sent by TPC that notifies patient of their Financial Assistance.

(v) TPC's [●]<sup>1</sup> staff will review the Financial Assistance Application and determine whether Financial Assistance will be offered and in what amount within a reasonable time after receipt.

(vi) If TPC determines that the patient's Financial Assistance Application is incomplete, TPC will notify the patient and request the missing information. The patient must submit the information within 30 days.

(vii) If TPC determines that the patient is eligible for Financial Assistance, the notification letter will indicate the amount of the discount granted and how much the patient will need to pay, if any. The letter will also include information about payment plans, if applicable.

(viii) If TPC determines that the patient is ineligible for Financial Assistance, the notification letter will include information about payment plans. The patient can reapply for Financial Assistance if the patient has experienced a material change in their household income or family status.

(ix) TPC will offer reasonable payment plans for amounts that remain after Financial Assistance eligibility has been determined.

(x) If approved, Financial Assistance will apply for a period of [four (4) months]<sup>2</sup> and will remain valid for twelve (12) months before a new application will be required, provided that the Applicant provides updated financial information every four (4) months after the initial approval.

(c) Collection Activity

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<sup>1</sup> **Note to Client:** Please confirm which team/individual will review the financial assistance applications.

<sup>2</sup> **Note to Client:** Four months is a typical review period and a best practice, but it is not necessarily required. To discuss whether this review cycle works for TPC.

(i) TPC may offer extended payment plans and choose not to send unpaid bills to a collection agency for patients who qualify for Financial Assistance and are cooperating in good faith to pay.

(ii) If a patient who has qualified for Financial Assistance does not meet the agreed payment terms for more than 120 days, the account can be referred to a collection agency.

(iii)

(d) Publicity

(i) All patients will be made aware of TPCs Financial Assistance Program and offered a copy of this policy, and the Application as part of the intake or discharge process.

(ii) A viewable, printable electronic copy of this policy and the Application will be available on TPC's website.

**5. Patients are responsible for notifying TPC of any changes to their insurance coverage. In cases where a patient has completed an Application for Financial Assistance and is later found to have changed insurance to a plan not accepted by TPC or that does not cover the services provided, TPC reserves the right to bill patient for services rendered during the period of unreported coverage change. Failure to report insurance changes may affect eligibility or future discounts or financial assistance.**

6. Confidentiality.

TPC staff will uphold the confidentiality of each patient and will comply with all Health Insurance Portability and Accountability Act (HIPAA) requirements regarding Personal Health Information (as defined in HIPAA).

7. Regulatory Requirements.

TPC will comply with all applicable federal and state laws and regulations that may apply to any financial assistance or collection activities conducted as part of implementation of this policy.

8. Modifications

TPC reserves the right to change or modify this policy; provided, that all changes or modifications will comply with all applicable laws and will not negatively impact pending applications.

9. Definitions.

“**Applicant**” means the person submitting an Application, including the Patient and/or the Patient’s parent/guardian.

“**Application**” means TPC’s Financial Assistance application.

“**Federal Poverty Guideline(s)**” means the Federal Poverty Guidelines updated periodically in the Federal Register, by the United States Department of Health and Human Services, under the authority of 42 U.S.C. 9902(2).

“**Financial Assistance**” means Medically Necessary treatment provided by a provider for free or a reduced cost for patients who cannot afford to pay.

“**Medically Necessary**” means health care and ABA services that are reasonable and necessary for the diagnosis or treatment of illness or injury.

“**uninsured**” means a patient with no insurance to assist with paying for TPC’s services.

“**underinsured**” means a patient with some insurance to assist with paying for TPC’s services but who has out-of-pocket expenses that exceed financial ability to pay.