

DANA-FARBER CANCER INSTITUTE
PATIENT CARE AND ADMINISTRATIVE POLICY MANUAL

PATIENT FINANCIAL ASSISTANCE POLICY

1. PURPOSE:

This policy establishes Dana-Farber Cancer Institute’s (DFCI) commitment to a Patient Financial Assistance (“PFA”) program intended to assist patients who do not have the ability to pay for their health care because they are low-income patients who are uninsured or have limited or exhausted insurance benefits (“underinsured”) or because they have excessive medical expenses. The policy is not intended to provide assistance to insured patients for whom DFCI is out of network and the payer is unwilling to approve services.

2. SCOPE:

This policy applies to all eligible patients receiving medically necessary services at DFCI. DFCI considers all inpatient and outpatient services billed by DFCI to be medically necessary and therefore covers those services under this policy. Medically necessary services include those that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically necessary services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act. The following services are excluded from the Patient Financial Assistance program: Retail Pharmacy, Friends’ Place, Leonard P. Zakim Center for Integrative Therapies, and Telegenetics.

DFCI’s Patient Financial Assistance policy covers medically necessary services rendered in the DFCI Outpatient Hospital Locations and the DFCI Inpatient Hospital, including the following DFCI locations:

- Dana-Farber Cancer Institute (main campus)
- Dana-Farber Cancer Institute at Brighton
- Dana-Farber Cancer Institute at Chestnut Hill
- Dana-Farber Cancer Institute at Londonderry
- Dana-Farber Cancer Institute at Merrimack Valley
- Dana-Farber Cancer Institute at Milford
- Dana-Farber Cancer Institute at Weymouth
- Dana-Farber Cancer Institute at Whittier Street Health Center
- Dana-Farber Cancer Institute Mobile Mammography Service Van

As indicated above, the policy applies to services rendered within Dana-Farber’s Mammography Van, which provides mobile screening mammograms and breast health education to women at least 40 years of age in partnership with community-based organizations and neighborhood health centers in the Commonwealth of Massachusetts.

For a detailed list of the specific services that are covered or not covered by the policy, please see the DFCI Covered Services summary at the end of this policy. This information can also be obtained at no charge at www.dana-farber.org/PFA or by contacting DFCI Financial Counselor, as described in Section 8.

3. POLICY:

DFCI provides direct financial assistance (“Direct Financial Assistance”) through the PFA program to assist: (i) low-income Patients (family income less than or equal to 300% of Federal Poverty Guidelines (“FPG”)), who are uninsured or underinsured and do not have the ability to pay for their healthcare services, and (ii) Patients of any family income who have excessive medical expenses and do not have the ability to pay for their healthcare services. Patients may be eligible for free or reduced cost health care services, with respect to certain services, through DFCI’s participation in the Massachusetts Health Safety Net, including the Medical Hardship program (the “Health Safety Net”) as described below. In addition, Patients may be eligible for free or reduced cost health care services through various other state public assistance programs (including but not limited to MassHealth, Premium Assistance Payment Program operated by the Health Connector, and the Children’s Medical Security Program).

For purposes of this Policy, “Patient” is defined to include the DFCI patient or the guarantor (i.e., the person who is financially responsible for the patient’s care).

This Policy, together with the DFCI Credit and Collection Policy, addresses patient financial obligations for DFCI services and DFCI policies and practices with respect to billing patients and collecting payments for those services.

A. Direct Financial Assistance

Under the Direct Financial Assistance component of the PFA program, DFCI partially or fully waives Patient financial obligations for health care services provided by DFCI for: (i) qualifying low-income Patients with no commercial health insurance who are deemed ineligible for federal and state health insurance programs or who have commercial health insurance but have limited or fully exhausted medical benefits and (ii) Patients of any income whose family medical expenses are deemed excessive in accordance with this Policy. A Patient must be a US citizen or permanent US resident to qualify for Direct Financial Assistance under this Policy. Patient financial obligations include obligations relating to services for which the Patient’s insurer denied coverage at DFCI due to benefit limitations, and in most cases co-payment, co-insurance and deductible amounts due from the Patient.

DFCI will provide Direct Financial Assistance, by partially or fully waiving Patient financial obligations, for DFCI Patients who: (i) complete the Patient Financial Assistance Application (“PFA Application”) and provide necessary supporting documentation, and (ii) are determined eligible for Direct Financial Assistance in accordance with this Policy (“PFA Eligible Patients”). The approved discount will be applied to all Patient financial obligations for PFA Eligible patients retroactively, up to one (1) year prior to the date of application approval.

PFA Eligible Patients will not be charged more than amounts generally billed (“AGB”) to insured individuals, as described in Section 4C below.

B. Financial Assistance Through the Health Safety Net

In addition, through its participation in the Health Safety Net, DFCI provides financial assistance for certain eligible healthcare services to low-income uninsured and underinsured Patients who are Massachusetts residents and who meet certain income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low-income uninsured and underinsured patients

through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each participating hospital to cover the cost of care for uninsured and underinsured patients with incomes under 300% of the FPG. Through DFCI's participation in the Health Safety Net, low-income Patients receiving services at DFCI may be eligible for financial assistance, including free or partially free care for Health Safety Net eligible services as defined in the Code of Massachusetts Regulations ("CMR") at 101 CMR 613.01-08 ("Health Safety Net Eligible Services"). DFCI may request proof of ineligibility for MassHealth programs, such as Health Safety Net, or similar out of state Medicaid programs, from patients applying for assistance through this policy. Proof of application to state programs for which a determination has not been made may also be requested (DFCI may suspend FAP application review until state assistance application results are known).

Financial assistance under this policy includes all financial assistance provided to low-income Patients under the Health Safety Net. Health Safety Net patients will not be eligible for financial assistance under the DFCI PFA program until any deductibles, as determined by the Commonwealth of Massachusetts, have been satisfied. Accordingly, for amounts other than deductibles determined by the Commonwealth of Massachusetts, Health Safety Net eligible patients will not be charged more than AGB for charges for which such Patients remain responsible, as described in Section 4C below.

C. DFCI Self-Pay Discount

Uninsured and underinsured Patients ineligible for DFCI's PFA program (i.e., both Direct Financial Assistance and assistance under the Health Safety Net) may be eligible for DFCI's Self-Pay Discount but may not qualify for both. If a Patient needs additional information regarding the Self-Pay Discount Policy, they may contact the Financial Counselors, as described in Section 8. The Self-Pay Discount is not part of DFCI's PFA program.

4. FINANCIAL ASSISTANCE TO PATIENTS

A. Income Limitations for Direct Financial Assistance

Eligibility for Direct Financial Assistance is limited to Patients with demonstrated financial hardship either due to limited income or in cases where their medical bills are a significant portion of their family income. The most recently published FPGs will be used as the primary determinant of a Patient's income. Discounts based on income level are limited to Patients with family incomes of less than 301% of the FPG; discounts based on excessive medical expenses vary based on family income level.

For additional information about the current FPGs, please contact a DFCI Financial Counselor, as described in Section 8.

B. Income and Other Eligibility Requirements for Assistance Through Health Safety Net

- 1) *Health Safety Net – Primary*: Uninsured Patients who are Massachusetts residents with verified MassHealth MAGI Household Income or Medical Hardship Family income, as described in 101 CMR 613.04(1), between 0-300% of the FPG may be determined to be eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net – Primary* are limited for Patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of Massachusetts General Law ("M.G.L.") c. 15A, § 18 are not eligible for *Health Safety Net – Primary* assistance.

- 2) *Health Safety Net – Secondary*: Patients who are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPG may be determined to be eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net – Secondary* is limited for Patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Secondary* assistance.
- 3) *Health Safety Net - Partial Deductibles*: Patients who qualify for *Health Safety Net-Primary* or *Health Safety Net – Secondary* with MassHealth MAGI Household Income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPG may be subject to an annual deductible if all members of the Premium Billing Family Group, as defined in 130 CMR 501.0001 (PBFPG) have an income that is above 150.1% of the FPG. If any member of the PBFPG has an FPG below 150.1% there is no deductible for any member of the PBFPG. The annual deductible is equal to the greater of (i) the lowest cost Premium Assistance Payment Program Operated by the Health Connector, adjusted for the size of the PBFPG proportionally to the MassHealth FPG income standards, as of the beginning of the calendar year; or (ii) 40% of the difference between the lowest MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the Patient's PBFPG and 200% of the FPG. Health Safety Net patients will not be eligible for financial assistance under the PFA program until any deductibles, as determined by the Commonwealth of Massachusetts, have been satisfied.
- 4) *Health Safety Net - Medical Hardship*: A Massachusetts resident of any income may qualify for *Medical Hardship* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, a Patient's allowable medical expenses must exceed a specified percentage of the Patient's Countable Income, defined in 101 CMR 613 as follows:

Income as a % of FPG	Percentage of Countable Income
0 - 205%	10%
205.1 - 305%	15%
305.1 - 405%	20%
405.1 - 605%	30%
>605.1%	40%

A Patient's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPG multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the Patient will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

C. Limitation on Charges

Patients eligible for DFCI's PFA program (both Direct Financial Assistance and assistance under the Health Safety Net) will not be charged more than the AGB. Specifically, DFCI's annual AGB percentage is equal to the sum of amounts paid by Medicare fee-for-service, Medicaid and all private health insurers on claims divided by the sum of all gross charges for those claims during the prior fiscal year. Pursuant to this calculation, DFCI's AGB will always be less than the maximum amount permitted to be charged under state and federal law. DFCI's Finance Department will determine the current AGB percentage, and DFCI will begin applying the current AGB percentage, within 120 days of the end of each fiscal year. The current AGB

percentage and a written description of how the AGB percentage was calculated can be obtained, in writing and free of charge, by contacting Customer Service at 866-408-4669; billing prompt #1 or visiting www.dana-farber.org/PFA.

D. Direct Financial Assistance Due to Income Limitations

Patients who qualify for the Direct Financial Assistance based on their family income level will have their gross charges or Applicable Patient Balances (i.e., out of pocket patient responsibility including co-pays, coinsurance, deductibles) discounted according to the following schedule:

Family Income as a % of FPG	Discount Allowed*
0 to 150%	100%
151 to 250%	85%
251 to 300%	70%

* The discount allowed to PFA Eligible Patients will be adjusted annually, if and as necessary, to ensure that such individuals are not charged more than the AGB to insured individuals.

E. Direct Financial Assistance Due to Excessive Medical Expenses

Patients with family income of more than 300% of the FPG who can demonstrate that their family's total medical expenses (including, but not limited to DFCI expenses) exceed an established percentage of their family income, will be offered a financial hardship discount. Expenses must have occurred within the prior 12 months and are limited to those expenses that are medically necessary.

Patients who qualify for this discount will have their gross charges or Applicable Patient Balances discounted according to the following schedule:

Family Income as a % of FPG	With medical bills exceeding this percentage of family income	Discount Allowed*
301% - 600%	30%	70%
Over 600%	40%	70%

* The discount allowed to PFA Eligible Patients will be adjusted annually, if and as necessary, to ensure that such individuals are not charged more than the AGB to insured individuals.

5. APPLYING FOR DFCI FINANCIAL ASSISTANCE

Upon a request for financial assistance from a Patient, a Financial Counselor will help the Patient complete the PFA Application and Health Safety Net application (including an application for Medical Hardship), as applicable, and will determine if the Patient is eligible for Direct Financial Assistance, assistance under the Health Safety Net (including Medical Hardship) and/or other assistance. Customer Service Representatives may refer Patients to Financial Counselors for assistance in completing the applications.

A. Patient Direct Financial Assistance Application

For Direct Financial Assistance, the PFA Application shall request information regarding the Patient's

family, insurance status, and family income. Disclosure of assets is not required. Proof of family income must be provided by means of Forms W-2, year-to-date pay information from an employer, federal or state assistance award letters, an income statement from an accountant, or other third-party documentation. Proof of US citizenship or US residency (i.e., valid green card) and identity will be required.

A Financial Counselor will begin processing a Patient's application when it is complete. Applications not completed within 14 days will be closed by the Financial Counselor and the Patient may be required to reapply at a later date.

B. Applying for Health Safety Net and Medical Hardship Assistance

Patients seeking assistance through the Health Safety Net can apply through an online website (which is centrally located on the state's Health Connector website and available through DFCI's website), a paper application, or by phone with a customer service representative located at either MassHealth or the Health Connector. Individuals may also ask for assistance from DFCI when submitting an application either on the website or by paper. The Health Safety Net application form and accompanying instructions describe the information and documentation that an individual may be required to provide as part of the application.

For Patients seeking Medical Hardship under the Health Safety Net, DFCI will work with the Patient to determine if a program like Medical Hardship would be appropriate and if so, submit a Medical Hardship application to the Health Safety Net on the Patient's behalf (the Medical Hardship application must be submitted by a patient's provider, and may not be submitted by a patient directly). The Medical Hardship application form and accompanying instructions describe the information and documentation that an individual may be required to provide as part of the application. It is the Patient's obligation to provide all necessary information as requested by DFCI in an appropriate timeframe to ensure that DFCI can submit a completed application. The Institute is required to submit applications to HSN within five days of receiving all documentation and verification from the Patient. If the completed application is not submitted within five business days of receiving all necessary information, collection actions may not be taken against the Patient with respect to bills eligible for Medical Hardship.

DFCI may also assist Patients with enrolling in the Health Safety Net using a presumptive determination process, which provides a limited period of eligibility. Based on self-attestation of financial information from the Patient, DFCI will deem a Patient as meeting the low-income patient definition for the Health Safety Net and as therefore being covered for Health Safety Net services only. Coverage will begin on the date that DFCI makes the determination through the end of the following month in which the presumptive determination is made. However, presumptive coverage may be terminated sooner if the Patient submits a full application as described above.

C. Applying for State, Federal or Employer Programs

DFCI is available to assist patients in enrolling into other state health coverage programs. These include MassHealth, Premium Assistance Payment Program operated by the state's Health Connector, and the Children's Medical Security Plan. For these programs, applicants can apply through an online website (which is centrally located on the state's Health Connector website), a paper application, or by phone with a customer service representative located at either MassHealth or the Health Connector. Individuals may also ask for assistance from DFCI Financial Counselors with submitting the application either on the website or by paper. Upon receipt of a completed application, Financial Counselors will:

- 1) Determine if the Patient has applied for and been denied eligibility in applicable state or federal health insurance programs within the prior 12 months;

- 2) Determine if the Patient has or is eligible for commercial insurance through their employer or the employer of a person who can claim the Patient as a dependent; and
- 3) Determine that the Patient has or will exhaust healthcare benefits; including COBRA benefits and that no other healthcare benefits are available.

D. Direct Financial Assistance Determination

Upon submission of a PFA Application seeking Direct Financial Assistance, the Financial Counselor will determine the completeness of the application and that the Patient (i) has family income less than or equal to 300% of FPG, or (ii) has excessive medical expenses as described in Section 4E above. If the Financial Counselor makes an initial determination that a Patient is eligible for Direct Financial Assistance, he or she will notify the Financial Counseling Supervisor, who will make a final determination as to PFA eligibility for Direct Financial Assistance.

Financial Counselors will communicate in writing to a Patient who has submitted a PFA application: (1) any deficiencies in his or her application; and (2) whether the Patient is or is not a PFA Eligible Patient. If a Patient does not follow up with the Financial Counselors regarding any deficiencies in his or her application, the Financial Counselors will communicate in writing to the Patient that the incomplete PFA Application is closed.

Upon final determination that a Patient is PFA Eligible, the Financial Counselor will document the Patient's account and any impacted visits.

E. Eligibility Review

Determination that a Patient is a PFA Eligible Patient will be valid for 6 months. Patients requiring Direct Financial Assistance after 6 months must reapply. Patients whose insurance coverage resumes on January 1 of the next calendar year (due to annual benefit limits) will need to reapply for assistance when benefits are exhausted again.

A determination that a Patient is eligible for most assistance under the Health Safety Net is effective for a maximum of one year but is subject to periodic assessment to determine if there have been changes in relevant income or insurance.

F. Patient Responsibility to Report Updates and Changes

Patients are required to report to DFCI any changes to their insurance or financial situation that may affect their eligibility for financial assistance. Patients whose insurance coverage resumes on January 1 of the next calendar year (due to annual benefit limits) need to inform DFCI of resumption of insurance coverage.

6. REQUESTING OR REQUIRING EMERGENCY MEDICAL CARE

DFCI does not have an Emergency Department nor the ability to treat most emergency medical conditions. Patients who present at DFCI with an emergent care need are generally directed to the Emergency Department of the closest acute care hospital, although consistent with federal law, DFCI will provide the care for emergency medical conditions that it is required to provide under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations (or any successor regulations). The Emergency Medical Treatment and Active Labor Act (EMTALA) requires DFCI to provide a medical screening examination and treatment for emergency medical conditions without regard to a Patient's insurance status, ability to pay or eligibility under this Policy. No financial information will be requested of a Patient with an emergency

medical condition until after the Patient's emergency medical condition has been stabilized. Furthermore, DFCI will not engage in actions that discourage Patients from seeking emergency medical care, including without limitation, by permitting debt collection activities that interfere with the provision of emergency medical care.

7. INSTITUTE BILLING AND COLLECTION PRACTICES

The Institute has a uniform and consistent process for submitting and collecting claims submitted to Patients, regardless of their insurance status or ability to pay. The actions that DFCI may take in the event of nonpayment are described in DFCI's separate Credit and Collection policy. Members of the public may obtain a free copy of the Credit and Collection policy at www.dana-farber.org/PFA or by contacting the Financial Counselors, as described in Section 8.

8. FOR ADDITIONAL INFORMATION OR ASSISTANCE

For more information about the Dana-Farber Patient Financial Assistance program (including both Direct Financial Assistance and assistance under the Health Safety Net) or help with the application processes, Patients are encouraged to speak with a Dana-Farber Financial Counselor. Financial Counselors can be reached weekdays from 8 a.m. to 6 p.m., at 617-582-9820 or in person at:

Dana-Farber Cancer Institute
Central Registration (second floor)
450 Brookline Ave.
Boston, MA 02215

Copies of Dana-Farber's Patient Financial Assistance policy and related documents are available at no charge in both English and Spanish online at www.dana-farber.org/PFA. Patients may also request a paper copy of any of these documents at no charge by calling 617-582-9820.

References

Letter from U.S. Department of Health and Human Services Secretary Tommy Thompson to Richard Davidson, President, American Hospital Association (Feb. 19, 2004).

U.S. Department of Health and Human Services, Office of Inspector General, guidance document: Hospital Discounts Offered to Patients Who Cannot Afford to Pay their Hospital Bills (Feb. 2, 2004).

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Questions on Charges for the Uninsured (Feb. 17, 2004).

26 U.S.C. 501(r) as added by Section 9007 of the Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010)).

U.S. Department of Treasury, Final Treasury Regulation Section 1.501(r), Additional Requirements for Charitable Hospitals; (December 29, 2014).

Internal Revenue Service, Notice 2015-46, Clarifications to the Requirement in the Treasury regulations Under Sec. 501(r)(4) that a Hospital Facility's Financial Assistance Policy Include a List of Providers.

Policy Name:	Patient Financial Assistance Policy
Policy Number:	9.10
Contact Dept/Title:	Finance, V.P.
Sponsor:	Melissa Shore, V.P.
Content Experts:	
Approved By:	<p>Approved: Executive Committee of the Board of Trustees - 9/2016</p> <p>Finance - 7/2014, 9/2016, 5/2017, 10/2018, 6/2019, 12/2019, 12/2020</p> <p>Michael Reney - 9/2016, 5/2017, 10/2018, 6/2019, 12/2019, 12/2020</p> <p>Revised: Finance, 9/2016, 5/2017, 10/2018, 6/2019, 12/2019, 12/2020</p> <p>Reviewed: Policy Review Team, 7/2014, 9/2016, 6/2019</p>

Financial Assistance Application

Dana-Farber Cancer Institute

Patient and family information (please use the back of this form if you need more space to complete)

Today's date: _____

Please note that the approved discount will be applied to all Patient financial obligations of PFA Eligible patients retroactively, up to one (1) year from the date of application approval.

Patient Name: _____

Date of Birth: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Alternate Phone Number: _____

Financially Responsible Party or Parties: _____

Relationship of Financially Responsible Party or Parties to Patient:

- | | | |
|--------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Adult Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Other |

Did the patient have health insurance at the time of services? Yes No

If yes, please attach a copy of the insurance card (front and back) and complete the following:

Name of insurance company: _____

Policy number: _____

Group number: _____

Subscriber's name: _____

Have you applied for federal or state program assistance in the past 12 months? Yes No

If no, we recommend that you speak with a DFCI Financial Counselor prior to submitting an application.

If Yes, were you approved or denied? If you were denied, please provide a copy of the denial letter.

(provide reason for denial): _____

Please list all family members, including patient, spouse, parents, children, and siblings, living at the patient's home:

Family member name	Age	Relationship to patient
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Income: Please list all income for responsible parties including gross (pretax) wages, rental income, unemployment, Social Security benefits, pension income, child support, alimony, etc.:

Family member name	Source of income or employer	Income amount and frequency
1.		
2.		
3.		
4.		

Other responsible parties: Please indicate if there is any other person not listed above who is legally responsible for the payment of the patient's medical expenses, such as a guardian.

- Yes, there is another person who is legally responsible for the patient's medical expenses.
- No, there isn't another person who is legally responsible for the patient's medical expenses.
 If yes, please complete the following section:

Name	Address	Role or relationship

Health Expenses:

Please complete this section only if your household income is more than 300% of the Federal Poverty Level.

To be eligible for financial assistance due to excessive medical expenses, your family income must be more than 300% of the U.S. Federal Poverty Guidelines and you must provide copies of medical bills from hospitals, physicians, and other allied health professionals other than from Dana-Farber showing the amount you are responsible to pay. Dana-Farber charges will be included in the calculation of your total medical expenses, but you do not need to list those expenses. Only include medical expenses incurred in the last 12 months.

Medical Expenses	Cost	Frequency: weekly, monthly, annually
Health Insurance Premium		
Hospital Bills		
Physician Bills		
Other		
Other		
Other		

Certification: By my signature below, I certify that I have carefully read this application and everything I have stated and any documentation attached is true and correct to the best of my knowledge and belief. The responsible party acknowledges that he or she is required to report any insurance changes to Dana-Farber Cancer Institute.

Printed name of responsible party or parties

Signature of responsible party or parties

Date

INTERNAL USE ONLY – DO NOT WRITE BELOW THIS LINE.

Patient MRN#:

Check all that apply:

- Meets low income guidelines
 Uninsured
 Underinsured
 Actively insured

Total Annual Family Income	# of Family Members	Eligible Discount

- Excessive Medical Expenses

Financial Assistance Application approved? Yes No

Date application reviewed: _____

Reason denied: _____

Reviewer/Signature of Financial Counselor

Date: _____

Approval/Signature of Financial Counseling Supervisor

Date: _____

Plain Language Summary

**Notice to Dana-Farber Cancer Institute Patients:
Availability of Financial Counseling, Payment Plans, and Financial Assistance**

Dana-Farber Cancer Institute is committed to providing high-quality cancer care to all patients, including low-income and indigent patients. We work to provide patients in need with financial counseling, payment plans, and financial assistance. Some programs that you may qualify for include:

- **Discounts for low-income patients with no insurance** or for medically necessary services not covered by insurance
- **Medical hardship discounts** for patients with excessive medical expenses
- **Massachusetts Health Safety Net** and Medical Hardship assistance
- **Payment plans** for patients who need to pay their bills in installments
- **Financial counseling services**, including trying to help patients find federal, state, or private programs that may be able to help with medical bills

Under Dana-Farber's direct Patient Financial Assistance program, patients may be eligible to have a portion of their financial obligation waived for medically necessary services, based on household income:

- **If your household income is less than 150% of the Federal Poverty Level**, you may be eligible to have your patient financial obligations waived entirely.
- **If your household income is between 150% and 300% of the Federal Poverty Level**, you may be eligible to have 70-85% of your patient financial obligations waived.
- **If your household income is greater than 300% of the Federal Poverty Level, but your total medical expenses exceed at least 30% of your household income**, you may be eligible to have 70% of your patient financial obligations waived.

Patients who are eligible for Dana-Farber's Patient Financial Assistance program will not be charged more for medically necessary care than the amounts generally billed to other patients and their insurers.

We can help you complete the simple applications to apply for direct financial assistance or Health Safety Net assistance. If you think you might have difficulty paying your medical bills or would like to learn more about our Patient Financial Assistance program, please contact our Financial Counselors weekdays from 8 a.m. to 6 p.m. at 617-582-9820. Or, visit a Financial Counselor in person at:

Dana-Farber Cancer Institute
Central Registration (second floor)
450 Brookline Ave.
Boston, MA 02215

Copies of this summary, as well as Dana-Farber's full Patient Financial Assistance policy and Patient Financial Assistance Application, are available at no charge in both English and Spanish online at www.dana-farber.org/PFA. You may also request a paper copy of these documents by calling a Dana-Farber Financial Counselor at 617-582-9820.

Dana-Farber Cancer Institute
Patient Financial Assistance Policy
Summary of Covered and Non-Covered Services

Covered Services

Dana-Farber's Patient Financial Assistance program covers services provided by Dana-Farber employees and billed by the Institute. This includes services provided at Dana-Farber Cancer Institute's Inpatient Hospital and Outpatient Hospital locations. In addition, the following services, which may be provided by other entities, may also be billed by Dana-Farber providers and covered by the Dana-Farber Patient Financial Assistance Policy:

Adult

- Blood products
- Human Leukocyte Antigen testing
- Multidisciplinary visits (including Radiation Oncology and Surgical Oncology)
- Specialty office visits and procedures for the following specialties: Allergy, Anesthesiology, Benign Hematology, Cardiology, Dentistry, Dermatology, Endocrinology, Gastroenterology, Genetics, Geriatrics, Gynecology, Infectious Disease, Internal Medicine, Nephrology, Pain & Palliative Care, Pulmonology)
- Outside reference laboratory services*

Pediatric

- Blood products
- Human Leukocyte Antigen testing
- Multidisciplinary visits (including Radiation Oncology and Surgical Oncology)
- Professional services for bone marrow failure
- Specialty office visits and procedures for the following specialties: Dermatology, Endocrinology – starting November 2016, Neurology, Neurosurgery, Nutrition, Orthopedics, Urology)
- Outside reference laboratory services*

*Outside reference laboratory services from the following laboratories are covered by the policy when sent through Dana-Farber Lab Control:

- Adaptive Biotechnologies
- Ambry Genetics
- Associated Regional & University Pathologists (ARUP) Inc.
- Athena Diagnostics Inc.
- Blueprint Genetics
- Boston Medical Center
- Brigham and Women's Hospital:
 - Clinical Laboratories, Surgical Pathology, Cytogenetics Laboratories, Cytology Laboratories, Molecular Diagnostics Laboratories, Transfusion/Blood Bank
- Cincinnati Children's Hospital Medical Center
- Foundation Medicine
- GeneDx Inc.
- Guardant Health
- Hematologies Inc.
- Invitae

- Karius, Inc.
- Laboratory Corporation of America
 - Esoterix Inc.
 - Integrated Oncology
- Mass General Hospital
- Mayo Clinic Labs
- Mayo Clinic, Department of Laboratory Medicine and Pathology
- Mira Vista Diagnostic
- Myriad Genetic Labs
- Naveris
- Natera
- NeoGenomics
- Oxford Immunotec Inc.
- Prevention Genetics
- Prometheus Laboratories Inc.
- Quest Diagnostics, Clinical Trials
- Quest Diagnostics, New Jersey
- Quest Diagnostics, New England
- Quest Diagnostics, Nichols Institute
- Repeat Diagnostics Inc.
- Rhode Island Blood Center
- University of Washington Molecular Virology Lab
- Versitit (formerly Blood Center of Wisconsin)
- Viracor Eurofins

Non-Covered Services

Not all services performed or drawn within DFCI locations are covered under the DFCI Patient Financial Assistance policy. The following services are provided by and billed by other facilities or provider groups and are not covered by the DFCI Patient Financial Assistance policy:

- Psychiatry
- Professional interpretation of imaging
- Professional interpretation of pathology
- Professional physician or other health care practitioner services for adult radiation oncology procedures
- Professional physician or other health care practitioner services for adult inpatient surgical oncology
- Professional physician or other health care practitioner services for pediatric anesthesia
- Professional physician or other health care practitioner services for pediatric cardiology EKG Interpretations
- Outside reference laboratory services, including Clinical Onco Panel and Rapid Heme Panel
- Laboratory tests drawn at Satellite Centers: St. Elizabeth's Medical Center, Milford Regional Medical Center, South Shore Hospital and New Hampshire Oncology-Hematology
- Scalp Cooling