



Financial Assistance Program & Policy

The purpose of this program and policy is to ensure that Cenikor Foundation is in compliance with Federal, State, and local laws. This policy applies to all Cenikor Foundation divisions and programs that provide services to patients. All services received at Cenikor Foundation divisions and programs are subject to this financial assistance policy.

Cenikor Foundation is committed to providing substance use disorder services to indigent and low-income individuals, without discrimination, regardless of the patient's ability to pay through a Patient Assistance for Out-of-Pocket Costs (PAPOC) program. This program is designed to provide relief to patients who are experiencing significant financial hardship in paying their out-of-pocket costs when utilizing insurance to cover Cenikor services. The program aims to ensure that patients receive the necessary care without undue financial burden.

As part of our commitment to our patients, we ensure that all patients are notified of our Patient Assistance for Out-of-Pocket Costs (PAPOC) program and the availability of financial options if financial assistance is needed.

Program Eligibility

To be eligible for the PAPOC program, patients must meet the following criteria:

- Be currently insured with a valid health insurance policy.
- Demonstrate a documented financial hardship, such as low income, high medical expenses, or other extenuating circumstances.
- Provide proof of income and/or assets to determine eligibility.

Patient eligibility will be based on the Federal Poverty Level (FPL) guidelines published and listed in the Federal Register by the US Department of Health and Human Services.

Covered Services

The PAPOC program will assist patients with eligible out-of-pocket costs associated with clinically necessary substance use disorder services. Covered services may include, but are not limited to:

- Co-Payments: Assistance with the portion of the cost that patients are required to pay for each visit or service as specified by their insurance policy.
- Deductibles: Assistance with the annual deductible amount that patients must pay before their insurance coverage begins.
- Coinsurance: Assistance with the percentage of costs patients are responsible for after meeting their deductible.

Financial Assistance

Approved patients will receive financial assistance as determined by their financial need and available program funding options. The assistance may cover a portion or all of the eligible out-of-pocket costs. The program aims to maximize the benefit for the greatest number of eligible patients within the available budget. The financial assistance options are outlined below:

- State of Texas HHSC Funding – Upon availability, patients may be eligible to receive financial assistance with the covered services.
- Donations & Scholarships – Upon availability, patients may be eligible to receive financial assistance with the covered services.
- Financing and Credit Resources – Available 3rd party financing may provide financial assistance for covered services. Some available resources are CreditLand and CareCredit.
- Flexible Payment Plans
- Sliding Fee Scale or Self-Pay

Confidentiality

All information provided by patients during the application process will be treated confidentially and used solely for determining eligibility and administering the PAPOC program. Personal information will not be shared with third parties without the patient's consent, except as required by law.

Renewal and Reassessment

Patients who receive assistance through the PAPOC program may be required to renew their eligibility periodically or upon significant changes in their financial circumstances. This ensures that the program continues to assist those who are most in need.

Program Limitations

The PAPOC program has limited funding and may not be able to assist all eligible patients. Assistance is subject to the availability of funds and is provided on a first-come, first-served basis. The program does not guarantee financial assistance to all applicants.

Program Evaluation

The PAPOC program will undergo periodic evaluations to assess its effectiveness, identify areas for improvement, and ensure that it continues to meet the needs of eligible patients.

Application Process

To apply for the PAPOC program, patients must complete the following steps:

- a) Obtain an application form: Application forms can be obtained from the healthcare provider's office, website, or patient assistance program coordinator.
- b) Complete the application: Patients must provide accurate and up-to-date information, including personal details, insurance information, income, and any additional documents requested.
- c) Submit the application: The completed application, along with supporting documents, should be submitted to the designated patient assistance program coordinator via mail, email, or in person.
- d) Review and approval: The verification of benefits team will review the application and determine eligibility based on the provided information.
- e) Notification: Once the application is reviewed, patients will be notified of the program's decision within a reasonable timeframe.

Proof of Income Documents

The below listed items may be provided to support the required proof of income:

- Paystub within the last 60 days
- Prior Years Tax return or transcript
- Prior years W-2
- Unemployment letter within the last 60 days
- Income certification statement
- Any other verification from a 3rd party regarding income i.e.- letter from employer, landlord or family member.

Applications submitted without the proper supporting income requirements will be denied. For questions regarding the PAPOC program, please contact the Cenikor Insurance and Billing Department at 713-266-9944, option 3.