



2019 Program Terms and Conditions

All applications for Zero Co-Pay Program submitted to Pennsylvania Health Fund (PHF) through a PA Health Commission designated Certified Center of Excellence will be accepted on a first-come, first serve basis and receive an instant eligibility decision at the time of submission based on the information supplied and availability of funding.

To be eligible for support from PHF the patient must meet the following criteria:

- Have active health insurance that requires a co-pay from the patient at time of service.
- Have a medical, dental or mental health visit, or a preventive health visit to a PA Health Commission designated Certified Center of Excellence.
- And ***one*** of the following:
 - Be a minor under 18 years old *or* a young adult under 26 years old who is a dependent under a parent's health insurance policy.
OR
 - Be a primary caretaker that resides in the same household of a person that receives Zero Co-Pay benefits from PHF.
OR
 - Have a household income of 200% or less of the Federal Poverty Guidelines (FPG).

If eligibility is based on income, PHF will require confirmation of the patient's reported income to ensure that it is within the income eligibility guidelines for the program. PHF will send a letter to him/her requesting they provide proof of income documentation along with documentation verifying the patient's Social Security Number. The patient will have 30 days to respond to this request.

Verification of income is NOT required for eligibility based on age (children) or caretaker status.

1. Application Terms & Conditions

- 1.1. Applicants understand that all applications for Zero Co-Pay Program are processed on a first come, first serve basis as long as there is funding available.
- 1.2. Applicants agree that the information provided in the application for assistance is truthful and accurate.
- 1.3. Applicants will be notified of their eligibility into the Zero Co-Pay Program immediately upon application to the program.

1.4. Applicants understand that to be eligible for Zero Co-Pay Program he/she must meet the following criteria:

- Have active health insurance that requires a co-pay from the patient at time of service.
- Have a medical, dental or mental health visit, or a qualified preventive health visit from a PA Health Commission designated Certified Center of Excellence.
- And ***one*** of the following:
 - Be a minor under 18 years old *or* a young adult under 26 years old who is a dependent under a parent's health insurance policy.
 - OR*
 - Be a primary caretaker that resides in the same household of a person that receives Zero Co-Pay benefits from PHF.
 - OR*
 - Have a household income of 200% or less of the Federal Poverty Guidelines (FPG).

1.5. Applicants agree to notify Pennsylvania Health Fund (PHF) if the financial situation or insurance status changes from what has been documented in the application.

1.6. Applicants understand co-payments related to the following are covered:

- Only services provided in a PA Health Commission designated Certified Center of Excellence Health Care Center are eligible.
- Eligible services from a PA Health Commission designated Certified Center of Excellence include:
 - Medical health visit
 - Dental health visit
 - Mental health visit
 - Preventive health visit
 - Laboratory tests performed by a PA Health Commission designated Certified Center of Excellence Facility.
 - Imaging tests (X-ray, ultrasound, etc.) performed by a PA Health Commission designated Certified Center of Excellence Facility.

1.7. Applicants understand the following are not covered under this program:

- Services provided in a health care center that is ***not*** a PA Health Commission designated Certified Center of Excellence facility
- Co-payments related to medications
- Health Insurance deductibles
- Health insurance premiums
- Debt's incurred prior to application approval

2. Physician Requirement

2.1. All patients approved for assistance are required to have a physician verify his/her patient status by completing and signing a Physician Verification Form that will be submitted directly to PHF program by the physician within 30 days of approval.

2.2. Approved patients authorize and understand that the PHF staff will contact his/her treating physician/provider in order to verify his/her eligibility status.

2.3. If the application is initiated by the patient themselves, the PHF staff will fax the required Physician Form to the treating physician for the patient.

2.4. Completed applications may be submitted through any Health Commission designated Certified Center of Excellence.

3. Income Verification (****not applicable for eligibility based on age [children] or caretaker status****)

3.1. Applicants understand that we will be confirming your reported financial information to ensure that it is within the income eligibility guidelines for the program.

3.2. Proof of income documentation along with documentation verifying the patient's Social Security Number (SSN) must be submitted within 30 days in order to process the patient's application.

3.3. Patients who have a household income in excess of program guidelines upon review of submitted income documentation will no longer qualify for support and forfeit their assistance.

3.4. If the patient is still in need of assistance and is able to comply with the program documentation requirements, they may request an exemption. We will review additional documentation submitted by the patient on a first-come-first-serve basis, and if funding is available, we will review and reinstate their support if all other program eligibility requirements are met.

4. Award and Claims Terms & Conditions

4.1. Applicants approved for assistance understand that PHF offers financial support to insured patients who qualify.

4.2. The financial support provided by the program are by way of direct remittance of co-payments required under your health insurance policy for health visits to any PA Health Commission designated Certified Center of Excellence Facility.

4.3. Financial support will not be provided for any of the following:

- Health insurance premiums
- Debt incurred prior to approval of PHF support
- Health insurance deductibles
- Co-payments related to medications

- Co-insurance

5. Miscellaneous Terms & Conditions

5.1. Applicants agree that PHF and its donors will not be liable for any damages of any kind, without limitation to the success or failure of medical treatments or for any harm that it may cause.

5.2. Applicants understand that PHF makes every effort to grant assistance when needed, however, the program is limited by available resources and may be discontinued or changed at any time.

5.3. Applicants understand they are financially responsible for any and all charges not covered by the PHF program.

5.4. While enrolled in the PHF Zero Co-Pay Program, approved applicants have complete freedom to choose and or change doctors, providers, suppliers, insurance companies and/or treatment related medications at any time.

5.5. Applicants understand that PHF is required to obtain the social security number of all persons receiving grant assistance.