

Legacy Brain Foundation Physician Support Application (PSA)

The Legacy Brain Foundation is a non-profit organization, which provides financial support to patients with primary or metastatic central nervous system tumors. Patients are eligible for financial assistance, up to \$2000 per calendar year, and must submit bills or other documentation of expenses at the time of application. Although expenses related to treatment are given priority, applicants may also apply for expenses related to rent, utilities, and other basic necessities. Physicians are encouraged to refer their patients to Legacy Brain Foundation for financial assistance with the other costs of their treatment.

Physicians caring for brain tumor patients are usually well aware of the financial hardship experienced by patients who lack medical insurance or who have limited insurance benefits. However, most physicians cannot afford to treat patients free of charge. Some patients who may be eligible for financial assistance to pay their medical bills fail to apply for assistance. Some patients are overwhelmed by the multiple bills they receive and assume that their creditors will accept nonpayment. Some patients die with an outstanding balance that cannot be collected from surviving family members. The purpose of the PSA grant is to allow partial reimbursement to the physician for care provided to a brain or spinal cord tumor patient who would have been eligible for financial assistance, but did not apply. The Legacy Brain Foundation recognizes the contribution that physicians provide to the care of uninsured or underinsured patients and by allowing physicians to recover some of the cost of their care, it is hoped that physicians will be able to continue accepting patients with limited financial means. For the purpose of the PSA grant, treating physicians include specialists whose primary focus is the diagnosis and treatment of central nervous system disease, to include neurosurgeons, neurologists, radiation oncologists, neuro-oncologists, and medical oncologists. Physicians must currently be practicing in the state of Texas.

The Legacy Brain Foundation reviews PSA grant applications monthly and applicants will receive notification of an award 4-6 weeks after all documentation has been received. The amount of each PSA grant is limited to \$2000 per calendar year per patient, but applicants can reapply

annually and for additional patients. Applicants are encouraged to use the checklist on page 3 to ensure that all required documentation is included.

Treating physician: _____

Office Address: _____

Office Phone: _____ Fax: _____

Email: _____

Name of patient treated _____

Diagnosis of patient: _____

(If metastatic to the CNS, please include site, e.g., brain, spinal cord, meninges, etc)

Is the patient still alive? _____ Did the patient have insurance? _____

What is this patient's current outstanding balance to your practice? _____

Have any payments been made to this patient's account within the last 90 days? _____ Have you attempted to collect on the account at least twice? _____ Do you expect any other payment in the future, from the patient, family, insurance company, etc., to this account? _____

All information in this application is strictly confidential and will be used only to ascertain eligibility for the PSA grant. This information will not be released to any person or persons not associated with the Legacy Brain Foundation Grant Committee unless required by law.

Signature _____ Date _____

Return completed document to: Legacy Brain Foundation, Attn:
Grant Application, Medical City Dallas Hospital, 7777 Forest Lane Suite C-648, Dallas, Texas 75230 Fax 972-566-2625

Checklist of items to be included with this application:

_____1. Copy of pathology report, History and Physical, or other documentation from the patient's medical record that verifies the diagnosis of a primary or metastatic central nervous system tumor.

_____2. Copy of patient's bill that states total outstanding balance and date of last payment made on account.

_____3. Copies of any bills or correspondence from your office sent to the patient in an attempt to collect on the account.

For office use only_____

Date application received_____

Date application materials verified_____

Date application referred to board_____

Decision of board_____Approved_____Denied

Reason for denial_____

Has the applicant previously received PSA funds?_____

If yes, date(s)_____