



F.A.C.T. SERVICE AND REHABILITATION POLICY
Financial Assistance for Cancer Treatment, Inc.

Financial Assistance for Cancer Treatment, Inc. hereafter referred to as F.A.C.T. is free to develop its own Service and Rehabilitation program, objectives, and policies as determined by local needs and resources.

“Services and Rehabilitation” program should consist of the following:

- A. Information and Guidance
- B. Financial assistance for transportation
- C. Financial assistance for medications, chemotherapy, and radiation treatment
- D. Financial assistance for rehabilitation supplies.

The above service constitutes a program that will give meaningful help to those in need, who have cancer and their families.

PURPOSE/MISSION

F.A.C.T. is a local, nonprofit, volunteer agency dedicated to assisting clients in need who live in Seneca County, Ohio and Wood County with a Fostoria zip code diagnosed with cancer. All donations remain local to help our neighbors with cancer related expenses.

ELIGIBILITY AND APPLICATIONS

- A. Any permanent resident in need, currently living in Seneca County, Ohio, or Wood County with a Fostoria zip code who has been diagnosed as having cancer can apply for services through F.A.C.T. **A copy of your driver’s license or state issued ID is required with your application as proof of residency.**
- B. Financial assistance from F.A.C.T. would not exclude the patient from receiving financial assistance from any other source providing this assistance was not for the same expense.
- C. Application for service can be made by calling the telephone number below or by mail to:

Financial Assistance for Cancer Treatment, Inc.
P.O. Box 624
Tiffin, OH 44883
Telephone: 419-937-2540

*****Please note that F.A.C.T. is strictly run by volunteers, therefore the phone is not managed 24 hours a day. If you leave a message your call will be returned as soon as possible. There is not a set distribution of payments. Due to the large volume of requests, response time could be up to two to three weeks or longer*****

- D. Application may be made by one of the following referrals:
 - 1. Patient
 - 2. Family member
 - 3. Physician
 - 4. Hospital
 - 5. Other community agency
- E. A signed Client Application and a signed Physician Authorization must be on file before services can be provided. This can be overridden if a) it is an emergency situation and b) a verbal authorization has been given by the Physician.
- F. All names and information will be treated with confidentiality by F.A.C.T.

SERVICES OFFERED BY F.A.C.T.

- A. Financial assistance for transportation:
Reimbursed transportation must be for the purpose of cancer treatment. F.A.C.T. will reimburse \$_____ per mile for transportation. Transportation forms will be provided by F.A.C.T., and must be signed at each treatment visit, by authorized personnel from that treatment center.
- B. Financial assistance for medications (not already covered by insurance).
Only those medications considered cancer-related will be covered by F.A.C.T. Pharmacy vouchers are available for participating pharmacies. Receipts need to be submitted for reimbursement along with your medication form signed by the pharmacist.
- C. Financial assistance for chemotherapy and radiation treatments, including procedures and rehabilitation supplies: (not already covered by insurance)
Only those treatments considered cancer-related will be covered by F.A.C.T. and only those supplies authorized by the physician and considered to be used for the treatment of cancer are covered. Receipts need to be submitted for reimbursement. Supplies include, but are not limited to the following:
 - 1. Ostomy supplies
 - 2. Mastectomy supplies
 - 3. Prosthesis
 - 4. Dressings and other home care supplies
 - 5. Nutritional supplements
- D. Submitted bills should show your out-of-pocket cost and insurance payments. Submissions over \$1,000 may be reimbursed in installments over several months. The board has final discretion on all bills submitted.

***Total cancer related funding cannot exceed \$_____ per year collectively effective January 1, 2022.* The reimbursement amount will be reviewed by the board as necessary.**

Due to Board Policy, we cannot make reimbursements for any receipts or transportation that is 6 months or older.

SERVICES NOT PROVIDED

Any charges already reimbursed by insurance or not cancer-related, are not covered by F.A.C.T.

AUTHORIZATION AND PAYMENT PROCEDURES

Authorization for reimbursement services and charges received, are made by F.A.C.T. after the cancer patient has been approved for services. Documentation must be received by F.A.C.T. showing charges to be reimbursed. A copy of this documentation is retained in the patient's file. In emergency situations or in situations not covered by this Rehabilitation policy, discretion has been given to the Treasurer, in lieu of waiting for the next scheduled board meeting, to authorize an expense as long as the expense does not exceed the annual maximum limit.

The reimbursable services of F.A.C.T. are intended to help cancer patients for a designated length of time. All patients have a right to an explanation of service decisions made by F.A.C.T. After twelve months, if there has been no activity in the patient's file, the file is considered to be inactive. If services are then requested, a new Physician authorization form would need to be completed.

This Service and Rehabilitation Policy are subject to the approval of the Board and will be reviewed as needed by the Board.

FACT is under no obligation to retain your application or documents you provide for any length of time, and our policy is to destroy any records after 8 years, to the extent any records remain after such time.

Revised January 26, 2021