Patient Financial Assistance: Information for Patients

This program is for Texas residents who have no other means to pay for care at the University of Texas MD Anderson Cancer Center. If you have Texas Medicaid (not emergency Medicaid), you do not need to apply for aid.

The program pays for certain MD Anderson services, such as:
- hospital and clinic charges
- doctor's fees, and
- prescriptions, except for an outpatient prescription processing fee.

To be considered for aid, you should have or expect to have a bill for more than $500. Also, one of the following must be true:
- A doctor thinks you have cancer.
- You need treatment or you are getting treatment for cancer or a cancer-related illness.
- You have an illness for which we have special skills to treat.

You must meet the following guidelines:

1. **Texas Residency:** You must have been a Texas resident for the past six months.
2. **Citizenship:** You must be:
   - a U.S. citizen, or
   - a lawful permanent resident for at least five years and have lived in the U.S. for at least five years, or be a part of certain immigrant groups, such as refugees or others. (Please ask your patient access or financial clearance representative for more information about these groups.)
3. **Income and assets**
   - You must disclose all of your income and assets. Assets are cash, money in the bank, stocks, bonds and property, but do not include your primary home and vehicles. Please review the application to see a complete list of what to include.
   - Determine your asset value. Take 25% of the asset value and add it to your yearly income. This figure is then used along with family size to determine your Federal Poverty Percentage used in our decision to provide you assistance.
   - The Federal Poverty Guidelines change every year. See the current guidelines at http://aspe.hhs.gov/POVERTY. If you have any questions, please ask your patient access or financial clearance representative.

### Income and Assets

<table>
<thead>
<tr>
<th>Income and Assets</th>
<th>Federal Poverty Guidelines</th>
<th>Amount of Aid</th>
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</thead>
<tbody>
<tr>
<td>Yearly income + 0.25 X the value of your assets (except for your home and vehicles) =</td>
<td>If the total is 100% or below the Federal Poverty Level based on your family size</td>
<td>... then you may be eligible for 100% aid</td>
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<tr>
<td>If the total is between 100% and 250%*</td>
<td></td>
<td>... then you may receive 100% aid for any copays, deductibles or co-insurance</td>
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You must disclose any health insurance you have and you must comply with the Federal Mandate regarding insurance coverage. Your health insurance must be in network at MD Anderson. If it is not in network, your insurance company must agree to pay in-network benefits.

### How to Apply

Please ask your patient access or financial clearance representative for an application. Be ready to show or give copies of the documents listed on the application, including:
1. Valid current photo ID and Texas residency proof for the past six months
2. Proof of your citizenship status
3. Proof of income, which includes U.S. federal income tax return or proof of non-filing for last year, copies of three months of paycheck stubs or pay statements, and copy of Social Security award letter and statement. If you have been separated for less than 24 months, you must include your spouse on your application and give us your spouse's financial records.

If you withhold information or give incomplete or false information, MD Anderson may deny your application or cancel an already approved request.

If your application is missing information, we will send you up to two reminders. If we do not hear from you within two weeks of the second reminder, we will deny your application. You may reapply at any time when you have all of the information. Once you have turned in everything we need, we will respond within three working days.

We may approve the aid for up to one year. If we approve your application, we will give you a letter stating your exact dates of coverage. You must reapply for aid each year, before the current aid expires.

*PFA is intended to serve as a last resort for patients who have explored and accessed all other available insurance or third-party coverage options such as: COBRA, Medicare, Texas Medicaid, VA medical benefits, Federal Healthcare Exchanges, Texas County Indigent Health Care Programs, Texas Hospital District coverage, and/or other coverage. To be considered for PFA, applicants are required to cooperate with efforts to identify all current or potential forms of coverage.

To learn more or to apply, please contact your patient access or financial clearance representative.