

January 1, 2021

Thank you for contacting the Lupus Foundation of America, Texas Gulf Coast Chapter, Inc. In response to your request to our chapter, enclosed is our Patient Access To Healthcare application form. These policies and procedures have been developed to assist people with the most crucial needs that cannot be met through other community resources. We want you to know that all information you provide is **confidential** and will not be released to anyone without your written permission. We will need the following items from you to review your request for assistance:

- Completed and signed **Medical Release Form**.
- Completed and signed **2021 Patient Access To Healthcare Application Form**.
- A copy of your most recent **financial documents including the latest Bank Statement, Paycheck stub, most recent income tax return AND recent letter from Social Security disability, a copy of the current Health Insurance card (front and back)**.
- **Physician contact information, copy bill or estimate** of cost for items or services being requested.

The following goods and services are eligible for subsidy:

Emergency prescriptions
Medical appointment
Lab work
Durable medical equipment
Transportation to or from a medical appointment

Upon receipt, your request will be reviewed in accordance with our chapter policies.

You may be asked for further information prior to approving any requests.

Depending on the availability of our current resources and your application, we will consider limited financial assistance as directed by our financial assistance policy.

Approved funds will be paid directly to the vendor or service provider unless otherwise approved. While we wish we could fund every person in need, and will give your application very careful consideration, please know that our funds are limited and completing your application does not guarantee that we will be able to meet your request. We will process your application within 7 to 10 business days. **Items and services which have already been purchased prior to grant approval will not be covered.**

Please fax your completed forms to 713-529-0780, or mail to 2503 Robinhood Street, Ste 275, Houston, TX 77005.

Please call our Patient Services Staff at 713-529-0126 if you have any questions regarding the forms or our funding procedures. We will be in contact with you when a decision has been reached or if we have any questions regarding your request. We look forward to assisting you with your needs.

Sincerely,



Rebecca Kramer
President and CEO