2023 Averhealth Financial Affordability in Recovery (FAIR) Form

Purpose:

Avertest LLC dba Averhealth, understands that sometimes the cost of treatment creates a financial burden for patients. For this reason, we created the *Financial Affordability in Recovery* program, also referred to as "FAIR". Most court ordered programs are ineligible for FAIR consideration. This program provides consistency in supporting patients eligible for financial support and helps in the successful recovery of patients completing their treatment plans. Averhealth will review program eligibility and the financial circumstances for each applicant and apply the criteria consistently.

Patients who qualify for financial support will receive reductions up to 100%.

Financial Support Criteria:

Averhealth uses the current year's federal poverty guidelines to help determine if an applicant qualifies for financial support (Attachment A).

Several forms or proof of income are allowed when determining whether a patient meets program eligibility requirements. Written verification, when available, may be required to substantiate and verify the information contained in the FAIR application. In applying these guidelines, Averhealth may review income and employment status verification, including tax returns, check stubs, etc.

Application Process for Financial Support:

Reductions of laboratory charges must be made in accordance with Averhealth's policy entitled "**Financial Affordability in Recovery Policy".**

Applicants are required to return the completed **FAIR Form** and submit all required documentation to Averhealth. The form is located on the Averhealth website www.averhealth.com/fair-application-averhealth/ and at all our Averhealth locations. In addition, forms can be obtained by calling 1-844-850-7180, emailing FAIR@averhealth.com, or mailing a written request to Averhealth, 2916 W Marshall St., Suite A, Richmond, VA 23230 Attn: FAIR Program.

Required Information:

Averhealth requires personal financial information to support claims of financial hardship. The information submitted will be treated confidentially and will only be reviewed by the Averhealth administrative staff involved in processing requests for support of laboratory charges.

Time Frame:

After application and verification information is received, Averhealth will consider the overall financial situation of the applicant to render a decision. **All decisions will be made within 10 business days from the time that Averhealth receives *all* required information**.

Applicants will receive a notification letter outlining whether the application has been approved or rejected. If the request for waiver of the charges is rejected, Averhealth will provide the applicant with a written summary and explanation of its decision. If the applicant's situation changes, the patient or their designee may reapply.

FAIR@averhealth.com
2916 W Marshall St, Suite A
Richmond, VA 23230

averhealth

2023 Averhealth
Financial Affordability in Recovery (FAIR) Form

Averhealth's administrative staff will securely maintain all documentation related to the FAIR program. This includes the FAIR application form and all documents provided in support of the request.

If an applicant is deemed eligible to receive financial support, the eligibility includes dates of service 90 days prior to the effective date and remains in effect for **one year**. The effective date is the date the application is signed. Verification of ongoing qualifications for financial support may be conducted at any time.

Patients have up to 90 days from the date of service to submit their application to apply their eligible financial support to the services performed.

Income shall be annualized from the date of the request based on documentation provided by the patient or their designee.

PLEASE COMPLETE THE ATTACHED FINANCIAL AFFORDABILITY IN RECOVERY APPLICATION FAIR FORM. YOUR REQUEST CAN NOT BE PROCESSED UNTIL THE APPLICATION AND FINANCIAL DATA IS COMPLETED FULLY AND SIGNED.

FAIR@averhealth.com
2916 W Marshall St, Suite A
Richmond, VA 23230

averhealth

2023 Averhealth
Financial Affordability in Recovery (FAIR) Form

Financial Affordability - Attachment A

2023 POVERTY GUIDELINE QUALIFICATION
Averhealth provides financial support to patients with an annual household income at or below the amounts reflected here:

Persons in Family/Household	400% of Federal Poverty Guidelines (BLA's maximum household income to qualify for Financial Support)
1 Person	$54,360
2 Persons	$72,240
3 Persons	$92,120
4 Persons	$111,000
5 Persons	$129,880
6 Persons	$148,760
7 Persons	$167,640
8 Persons	$186,520

FAIR@averhealth.com
2916 W Marshall St, Suite A
Richmond, VA 23230

averhealth

2023 Averhealth
Financial Affordability in Recovery
(FAIR) Form

Financial Affordability in Recovery Application
FAIR Form

Patient full legal name:		Date of birth:
SSN:	Phone:	Email address:
Current address:		
City:	State:	ZIP Code:

Does the patient have medical coverage? YES NO (please circle one)	If "YES", complete below (Please include a copy of insurance card):
Insurance Company Name:	Insurance ID:
Address:	
Phone number:	Subscriber name and date of birth:

Financial	Total Gross Yearly Income (before taxes) $ _____ (Include pay stub, W-2, unemployment or disability statement, or other verification of income)
	Household Size: _____ (Number of people who contribute to or are dependent on your household income) Your application may be subject to audit or request for additional documentation

☐ Check here if you are unemployed. How Long? _____

Are you collecting unemployment benefits? ☐ Yes ☐ No

☐ Check here if you are on Social Security. How Long? _____

☐ Check here if you are on Disability. How Long? _____

PLEASE LIST ALL CURRENT EMPLOYERS

Employer 1: _____

Employer 2: _____

averhealth

FAIR@averhealth.com
2916 W Marshall St, Suite A
Richmond, VA 23230

averhealth

2023 Averhealth Financial Affordability in Recovery (FAIR) Form

Financial Affordability in Recovery Application Form (Continued)

Please provide proof of income documentation. Appropriate documentation for financial support would be the following:

At least **ONE** documented proof that patient is at or below 400% of the current federal poverty guidelines. Patient must submit any of the following that apply:

- ◯ **Income tax return (copy of the most recently signed 1040 Tax Return)**
- ◯ **Pay check stubs for the past 90 days for all persons employed in the home**
- ◯ **Current year Social Security or Disability letter with benefit amounts**
- ◯ **Proof of all other income received in the past 90 days, including unemployment benefits**
- ◯ **Letter from Medicaid or other state-funded medical assistance program**

I hereby acknowledge that the above information is true and correct according to the best of my knowledge and belief. I authorize Aspenti Health to verify the above information for the sole purpose of assessing financial need. I understand that if I do not qualify, I will be notified and Aspenti Health will bill me directly. I have agreed to notify Aspenti Health if my financial condition changes in any manner.

Patient Name (Print) _____

Patient Signature: _____ Date: _____

Guarantor Name: _____

Guarantor Signature: _____ Date: _____

Mail completed application to:
Averhealth
2916 W Marshall St, Suite A
Richmond, VA 23230
ATTN: FAIR Program

For Internal use only:

Current Balance:		Effective Date:	Expiration Date:	Approval Percentage:
Date Received:	Date Reviewed:	Signature and Date: Billing <$1K: _____ CFO Signature >$5K: _____		