



*The Kidney Transplant/Dialysis Association, Inc.*

**PATIENT ASSISTANCE PROGRAM  
Policies And Procedures**

**Organizational  
Background**

The Kidney Transplant/Dialysis Association, Inc., is a non-profit, all volunteer organization of dialysis and transplant patients, their families and friends, and health care professionals. Since its founding in 1964, KT/DA has provided information, emotional support, and financial assistance to help kidney patients in managing their disease.

**Patient Assistance  
Program**

For many years, KT/DA has operated its Patient Assistance Program for the purpose of providing limited, short-term financial aid to needy renal patients and kidney donors. Support for the Program comes from money raised by KT/DA's own fund-raising activities as well as donations from individuals, corporations, and charitable organizations.

**Patient Assistance  
Committee**

To administer the Program, KT/DA maintains a Patient Assistance Committee (PAC) to distribute the funds according to the policies and procedures described below.

**Policies**

- 1. Eligibility:** Only kidney dialysis and transplant patients, and kidney donors residing in New England may apply for assistance under the PAC program. Where financial need is shown, the immediate family of a patient who is a dependent, minor child is also eligible for assistance.
- 2. Maximum Grant:** Except in cases of unusual need, grants to any one recipient cannot exceed \$300 within a calendar year. In addition, from time to time, limited funds may require grants to be substantially less than the maximum.
- 3. Eligible Expenses:** These include, but are not limited to, the ordinary expenses of living, such as food, clothing, shelter, utilities, transportation to treatments, nursing, child care, rent or mortgage, camp for children on dialysis, and medical expenses *not* covered by any insurance or public aid to which the applicant is entitled.
- 4. Preferred Payees:** Wherever possible, the applicant should designate a creditor or creditors as payee(s) of the KT/DA check rather than seek direct reimbursement. Copies of estimates, bills, or receipts should be submitted with the application.
- 5. Social Worker Recommendation:** All applications must be reviewed and recommended by a social worker.
- 6. Confidentiality:** Information on the application will be kept in strictest confidence and not divulged to anyone outside the PAC and the Treasurer or Assistant Treasurer of the KT/DA.

## Procedures

1. To apply for assistance, an applicant should obtain a current KT/DA application form from his or her renal social worker.
2. The social worker may assist the applicant in completing the application and, in all cases, must review and recommend the application to the PAC. The social worker should be satisfied that the information is accurate and up-to-date and should complete the bottom of the second page of the application.
3. The applicant should answer all questions that are relevant, and write "N/A" where the question is not relevant to his or her situation. If some information is missing, the Committee may have to obtain it from the social worker and this will delay the processing of the application. *Complete disclosure of all income, liquid assets, and ongoing living expenses is most important.*
4. Wherever possible, the applicant should identify a specific expense that the applicant finds difficult to pay in whole or in part in the foreseeable future. The application should specifically name the creditor to which the KT/DA check will be made payable. If the check needs to have an account number written on it, the social worker must add this.
5. Expenses to be paid should be documented by a bill, a receipt where the applicant is to be reimbursed, or an estimate where the applicant requires prior assurance of assistance before incurring the expense.
6. We urge the social worker to provide additional information about the applicant and his or her situation to help the PAC accurately assess the degree of need. This may be done in the space provided on the application, on an additional sheet, or in a covering letter.
7. The social worker should send **three (3) complete copies** of the application, together with all supporting documentation to:

Patient Assistance Committee  
Kidney Transplant/Dialysis Association  
P.O. Box 51362 GMF  
Boston, MA 02205-1362

Every effort will be made to either grant or deny the request and notify the social worker of the decision as soon as possible after KT/DA's receipt of the application. *Again, a thorough completion of the application will reduce the chance of delay caused by the need to obtain missing information.*

8. Checks will be sent to the social worker for delivery to the client, unless some other arrangement is clearly agreed to by the social worker and the PAC.
9. If you have any questions, please do not hesitate to contact us. KT/DA's answering service number is (781) 641-4000. E-mail should be sent to [ktdal@ktda.org](mailto:ktdal@ktda.org).