



Alex Panton Foundation (APF) Financial Assistance Policy (FAP)

Introduction

1. This document is intended to set out the APF's Financial Assistance Policy, and state specifically how the APF will provide financial assistance.
2. Persons who are without health insurance, have insufficient coverage, or can otherwise demonstrate an inability to pay for mental health therapy services may qualify for financial assistance from APF.
3. Providing eligible persons with access to mental health therapy through financial assistance is an essential element in fulfilling the APF's mission.

A. Who is eligible for financial assistance from APF?

An applicant may be eligible for financial assistance if they have demonstrated to the satisfaction of a chosen provider in the Cayman Islands who has partnered with the APF that all of the following prerequisites are met:

1. They are no more than thirty (30) years old;
2. They are legally resident in the Cayman Islands;
3. They have been diagnosed with anxiety or depression by a mental health professional, certified by CPAM in the Cayman Islands ("Service Provider");
4. They have no or limited health insurance coverage for mental health treatment or they have exhausted any health insurance benefits for mental health treatment that they do have; and
5. They can demonstrate that, separate and apart from health insurance and governmental assistance, they do not have any other sufficient financial means such as parental income or other financial assistance of any kind that would cover the cost of treatment.



B. Assuming the applicant is eligible, how do they apply for financial assistance from APF?

1. The applicant must make an initial connection with a chosen Service Provider. This Service Provider is required to assist with the application and provide assessment and treatment plan with costs (length of treatment plan at the provider's discretion).
2. The Service Provider should send the completed form and the treatment plan to APF through a secure medium determined by both (this can be a separate email address specifically for confidential items).
3. The Service Provider should send their invoice after the first visit along with the patient's diagnosis and proposal for treatment to assistance@alexpantonfoundation.ky
4. The applicant's cooperation in providing the chosen Service Provider with all necessary information is crucial to the process.
5. The APF will have fourteen (14) business days to review the chosen provider's proposal for treatment and decide which costs they are willing to meet.

C. How is a Service Provider accepted as a Partner/Preferred Provider in APF's Financial Assistance Program?

1. The Service Provider accepts the terms of the FAP by signing and returning the letter of notice of the FAP.
2. The Service Provider agrees to absorb the cost of the first visit to provide an assessment of treatment needed and determine if financial assistance is required by the patient.
3. The Service Provider agrees to be listed on the APF's website as a preferred Service Provider.

D. What will the financial assistance cover?

1. The portion of the first visit not covered by insurance or after the first free assessment visit by the Service Provider for any applicant while the financial assistance application is being assessed by APF.



2. If the patient is deemed eligible for financial assistance by APF, the amount provided will be determined on a case by case basis depending on a set of criteria met for needs assessment as determined by APF.
3. APF will provide written confirmation to the chosen Service Provider of the treatment and duration covered by financial assistance.
4. Applicants are able to re-apply to the APF via the chosen Service Provider as needed once financial assistance from the APF has been exhausted. At this time a prognosis will be required by the APF for the anticipated further treatment.
5. Financial assistance will not be guaranteed indefinitely.

Confidentiality

1. The confidential personal data of applicants will only be known to the APF Financial Assistance Committee and the Service Provider.
2. The diagnosis and the prognosis would be basic language and not give any other details of the treatment or any interactions between the patient and the Service Provider.
3. The patient will sign in agreement that the diagnosis and treatment plan will be known to members of the APF Financial Assistance Committee.
4. The form would include a disclaimer that such information will not be shared with anyone outside of the APF Financial Assistance Committee.