

Angel Fund Financial Aid Fund Program Disclaimer

The Angel Fund Financial Aid Fund is an exclusive program of and fully funded by the Begin Again Foundation, in collaboration with our non-profit service partner, Patient Advocate Foundation.

Patient Advocate Foundation's ("PAF's") Angel Fund Financial Aid Fund provides financial support for funeral expenses associated with patients who have passed and were diagnosed with Toxic Shock Syndrome (TSS), Sepsis and/or Acute Respiratory Distress Syndrome (ARDS) and who were in active treatment or had been in active treatment within the past six (6) months. In order to qualify for financial assistance from the Angel Fund Financial Aid Fund, the patient must (1) have passed away from the diagnosis of Toxic Shock Syndrome (TSS), Sepsis and/or Acute Respiratory Distress Syndrome (ARDS); (2) have passed in the past 6 months and (3) meet the financial eligibility requirements. The Angel Fund Financial Aid Fund provides financial support for funeral expenses associated with patients who have passed.

PAF will not consider the identity of any physician, provider, supplier of items or services, donor, drug therapy, services or supplies being utilized, or the referral source when assessing whether an applicant is qualified for financial assistance through the Angel Fund Financial Aid Fund. Under no circumstances will PAF recommend or refer a patient to any donor, provider, supplier, or product.

Qualifying patients are provided a one-time grant at the time they are approved for assistance from the Angel Fund Financial Aid Fund. Financial assistance through the Angel Fund Financial Aid Fund is provided on a first come, first served basis to the extent the Financial Aid Fund has capacity to provide assistance

Assistance from the Angel Fund Financial Aid Fund is not dependent on the use of a particular drug, particular supplies, particular provider or suppliers and patients are free to switch drug therapies, treating physicians, pharmacies, and suppliers at any time without affecting their continued eligibility for assistance.

Patient Advocate Foundation reserves the right to request additional information to verify compliance with program eligibility guidelines. Failure to provide requested information may result in the closure of the application for assistance. Additionally, if at any time it becomes evident that information has been provided under false pretense the eligibility process for assistance will be terminated.

Patients' and applicants' contact information may be used in the future to share printed and/or electronic communications from PAF. If the patient or applicant does not wish to receive printed and/or electronic communications from PAF, he/she may contact the program at 1-855-824-7941 and request to have his/her contact information removed from the mailing list. PAF will not be liable for any damages of any kind, without limitation related to the accuracy or inaccuracy of any patient information provided to PAF by you, your health care provider(s)/pharmacy(ies), and insurance company(ies), or for any harm such information may cause.

Patients' data may also be used in de-identified aggregated reports. This means that information and data patients and applicants provide to PAF may be combined with other patients' data to prepare reports analyzing patient needs and the Angel Fund Financial Aid Fund. PAF will only use de-identified patient data, i.e., patient data where all identifying data terms like the patient's name, identifying numbers, etc. have been removed. PAF will always protect all patient information and adhere to the Patient Privacy Policy. A copy of the Patient Privacy Policy can be accessed on the PAF website.

<https://www.patientadvocate.org/privacy-policy/patient-advocate-foundation-patient-privacy-policy/>

By accepting a grant from the Angel Fund Financial Aid Fund patient's applicant are attesting that they agree to use the grant funds only for expenses related to funeral services. PAF and the Begin Again Foundation reserve the right to request documentation from patient's spouse, significant other, brother, sister, adult child, parent, funeral home, or crematorium demonstrating that the grant funds have been used only for expenses related to funeral expenses. (e.g., receipts).