

LEISHLine Financial Aid Fund Program Disclaimer

Patient Advocate Foundation's ("PAF's") LEISHLine Financial Aid Fund provides financial assistance to patients who have been diagnosed with Toxic shock syndrome (TSS), Sepsis and/or Acute Respiratory Distress Syndrome (ARDS) and who are in active treatment or have been in active treatment within the past twelve (12) months. In order to qualify for financial assistance from the LEISHLine Financial Aid Fund, the patient must (1) have been diagnosed with Toxic shock syndrome (TSS), Sepsis and/or Acute Respiratory Distress Syndrome (ARDS); (2) be in active treatment or have been in active treatment within the past twelve (12) months; and (3) meet the financial eligibility requirements. The LEISHLine Financial Aid Fund provides a grant award to assist patients with expenses related to transportation, housing, utilities, food/nutritional needs and child care.

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 LEISHLine 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 of \$1,000 at the time they are approved for assistance from the LEISHLine Financial Aid Fund. Financial assistance through the LEISHLine Financial Aid Fund is provided on a first come, first serve basis to the extent the Financial Aid Fund has capacity to provide assistance.

Assistance from the LEISHLine Financial Aid Fund is not dependent on the use of a particular drug, particular supplies, or 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' contact information may be used in the future to share printed and/or electronic communications from PAF. If the patient does not wish to receive print 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.

Patients' data may also be used in de-identified aggregated reports. This means that information and data patients provide to PAF may be combined with other patients' data to prepare reports analyzing patient needs and the LEISHLine 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.