

Harvard University Health Services Medical Hardship Fund AY2021

Members may apply for financial support from the Harvard University Health Services Medical Hardship Fund. Members may include students (both actively registered and those on leave), affiliates, and their dependents. Please note that eligibility terms and conditions are subject to change.

Members who have graduated from Harvard and purchased the Student Health Insurance extension coverage are not eligible to apply for this fund.

To be eligible for the Hardship fund, the member:

- must be an enrolled student and participating in both components of the Harvard University Student Health Program; the **Student Health Fee** and **Student Health Insurance**.
- must have their care coordinated by a Harvard University Health Services clinician when possible.
- must be able to indicate financial hardship.

The Hardship Fund can be approved for the following services:

- the allowable cost of *diagnostic/specialist visits* **beyond the twelve-visit limit** for medically necessary care not available at Harvard University Health Services (e.g., cardiology, oncology, liver, and kidney disease). Specialist must be an “in-network” provider.
- an *inpatient admission* or *outpatient surgery* when performed in a *higher cost share hospital*, but only when the service received at the higher cost share hospital was **non-elective** and coordinated by a Harvard University Health Services clinician when possible. In this case, a portion of the copay differential between the higher and lower cost share hospitals may be covered.

In light of these extraordinary circumstances, we are temporarily including an option to apply for extension of the allowable cost of outpatient mental health and outpatient psychopharmacology visits beyond the visit limit.

- the allowable cost of *outpatient mental health* and/or *outpatient psychopharmacology visits* **beyond the 52 visit limit** when performed with an in-network clinician in the event that ongoing care is unavailable to access directly with HUHS Counseling & Mental Health and referred by a Harvard University Health Services clinician when possible.

Note: The maximum amount available is \$5,000 per academic year. Members must apply for financial support **by July 31 of the plan year for which they are requesting**

support. *The Hardship fund is not available to cover the costs of health insurance or health fee premiums.*

Approvals of funding will be time limited.

Procedure for Application

1. The student will be required to indicate that they are in need of financial support and to sign a release allowing the Patient Advocate to inform the Financial Aid Officer (FAO) of the request and the ultimate funding provided.
2. If HUHS funding is insufficient, the student will be advised to return to the FAO, who will assess opportunities to support the student with new or additional financial aid, or other funding sources available through the school or Committee on General Scholarship. (In cases where there is a concern about privacy or patient confidentiality, the Patient Advocate will facilitate the request as appropriate.)
3. If the student does not meet the Fund eligibility requirements, the Patient Advocate will refer the student to their FAO.
4. The cost of any services covered by the Fund will be maintained by HUHS and reported to the FAO annually

The Patient Advocate will process all denied claims through BCBSMA.

**HARVARD UNIVERSITY HEALTH SERVICES
MEDICAL HARDSHIP FUND
STUDENT APPLICATION QUESTIONNAIRE**

Date: _____ Check One:
Name: _____ Harvard Undergraduate Class _____
Address _____ Graduate School: Class _____

Name of School _____

University I.D. #: _____
Phone: _____
Email: _____

Please describe the medically necessary care that you are requesting assistance for:

Nature of Request:

Please indicate, if possible, which HUHS clinician you have consulted with about your care:

Estimated Cost **or** Number of Expected Visits Needed:

Please answer the following questions:

1. Do you have both HUSHP Student Health fee and Health Insurance Plan? Yes
 No
2. Are you on a Leave of Absence? Yes No
3. Are you insured under another family member's plan as well? Yes No
4. Are you a member of the Harvard Graduate Student Union? Yes No
5. Have you already explored or secured funding assistance through this union resource? Yes No

Name of Financial Aid Officer _____

Phone No. _____ Email Address _____

I understand that this award is based on financial need and I confirm that these costs present a financial hardship for me.

I authorize Harvard University Health Services to discuss the details of this HUHS Hardship request as described above with the Financial Aid Office and the Committee on General Scholarship (if applicable) of Harvard University.

Signature, Student

Date

Your application should include why you are applying for aid from the Hardship Fund and all relevant invoices, receipts, or treatment plans MUST be attached.

You can return completed form to: patadvoc@huhs.harvard.edu If you prefer to send via *secure* file share, **please request this by email directly.**

All applications will be reviewed and approved by the Director of the University Health Services.

If you need more information or assistance in filling out this form, please contact the Patient Advocate at 617-495-7583 or via email: patadvoc@uhs.harvard.edu

To be completed by HUHS Patient Advocate.

Total amount awarded _____ Date _____

HUHS Hardship Fund award _____

Disbursement of award is via:

- Check
- Direct payment of claims

Financial Aid Officer notified

Signature, HUHS Patient Advocate

Date