

WELCOME, COTA FAMILIES!

Children's Organ Transplant Association®

Family Services Guide

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TABLE OF CONTENTS

Our Fiscal Responsibility	4
Online Information	5
Transplant Expenses—Medical	6
Transplant Expenses—Non-Medical	.7
Household	8
Non-Allowable Expenses	8
Family Grant Submission1	10
Payment to Provider Submission1	3
Frequently Asked Questions	15



Welcome! In order to help you gain a better understanding of the grant submission process, we have put together this Family Services Guide!

Please be sure to read through this information carefully before scheduling your individualized expense orientation.

Our Fiscal Responsibility

We are grateful for the generous support of more than 30,000 donors per year in honor of our patients!

As a 501(c)3 not-for-profit organization, the Children's Organ Transplant Association (COTA) receives donations to help offset transplant-related expenses. COTA then disperses funds to families to offset those expenses.

A crucial part of the donation process is to clearly state who is receiving the donations and how they will be used. Financial contributors must know their donations are donations to COTA and not to the patient directly. The donations will be used only to assist with transplant-related expenses, and are tax deductible to the fullest extent of the law.

Why is this so important?

While it is highly motivating to promote helping a local patient's family with expenses, if the family receives money directly, it is considered taxable income and the contributor cannot receive a tax deduction. Therefore, the public should not be misled to believe their donations immediately go to the families. It should be clear that transplant families are the beneficiaries of COTA funds, and the campaign is raising funds that can be used by transplant families per our guidelines as they need them throughout their transplant journey.

Transplant-Related Expenses

Medical Transplant-Related Expenses:

(All medical expenses must be processed through insurance before submitting to COTA.)

• **Prescription Co-Pays:** Please provide the original prescription drug tag with patient information or a pharmacy printout listing patient name, medication, date and co-pay amount.

Note: Cash register receipts for prescriptions do not provide sufficient documentation. Please save the originals for your records.

- Co-Pays to Providers: COTA may assist families with original bill and proof of payment OR COTA will pay the provider directly for bills in excess of \$50.
- Over the Counter Medications (OTC): Receipts for OTC's may be approved if the physician indicates in writing this is a transplant-related requirement.
- **Dental Co-pays**: May be considered if a specific situation warrants for the patient. (Routine dental visits and cosmetic dentistry services such as bleaching and orthodontia, are not considered transplant-related.)
- Transplant-related Counseling Services: With documentation, up to six months may be approved, after which a re-evaluation of the need may occur.

Non-Medical Transplant-Related Expenses (for Patient and up to Two Caregivers):

Itemized receipts and proof of appointment must be included.

- Mileage: Clinic/lab/hospital visit mileage can be calculated by number of round trip miles X number of trips X IRS mileage rate. (Rate subject to change)
 Gas receipts may be considered with an extended hospitalization.
- **Food:** Reasonable food or restaurant receipts (grocery receipts are acceptable while hospitalized).
- Hospital/Clinic Parking and Tolls
- Vehicle Rental: If applicable due to distance or situation.
- **Air Travel:** Planning ahead for this expense, if at all possible, will avoid costly fares.
- Lodging: Reasonable rates for room and tax may be approved. Only room rates, tax and parking fees qualify.
- **Health Insurance Premiums for patient only.** Please provide a breakdown of plan costs per covered member.
- Other: COTA recognizes there may be other non-medical transplant-related requests made by the transplant team.

 These requests may be considered and discussed to determine eligibility. Additional documentation may be required.



Household Assistance at the time of transplant:

Due to IRS guidelines, COTA is unable to replace lost income.

Household assistance may be considered at the time of transplant only if a wage earner is on an <u>unpaid leave of absence</u>. Unemployment is not considered a leave of absence.

Household assistance may be provided on a temporary basis (typical length is 1-4 months).

Eligibility will be discussed during the Expense Orientation. If eligible, a Household Expense form and accompanying documentation will be required.



Non Allowable Expenses

Expenses an individual might normally expect to incur on a day-to-day basis while not at the transplant center do not qualify. Under most circumstances, these items are not considered transplant expenses and will not be approved.

These lists are not exhaustive, and the final decision of eligibility rests with the COTA staff. If you have a question as to the eligibility of an expense, please call the COTA office. We will give every benefit when reviewing the grant application. We understand that every patient's need is specific and unique.

Miscellaneous:

- Loss of income
- Automotive repairs or maintenance
- Remodeling of furnishing of residence
- Insurance costs (except for patient's portion of health premium) Utility bills
- Computer expenses
- School expenses, private school tuition, camp fees and
- Health club memberships
- Any pet-related expense
- Postage
- Items paid for with gift cards or food stamps

Personal Items/Care Expenses:

- Tobacco products, alcoholic beverages, non-prescribed or illegal medications
- Activities or entertainment fees such as toys, books, entertainment electronics, games, magazines, or souvenirs
- Clothing, jewelry, cosmetics, or hair products such as wigs or prosthetics (not deemed medically-necessary by attending physician)
- Expenses related to treatment associated with infertility
- Cosmetic dentistry including bleaching or orthodontia
- Holistic or "natural" care including, but not limited to massage therapy, acupuncture, cannabis/hemp products, aromatherapy, essential oils, reflexology and chiropractic care
- Any rehab therapy not administered by a licensed therapist, such as swim lessons and/or exercise or rehab equipment
- Other non-essential items

Grant Submission Process

How to submit eligible expenses you have already paid:

Transplant-related requests are to be submitted within six months of expenditure and must always be accompanied by proof of appointment.

- **1. Organize** expenses according to category medical and non-medical.
- **2. Deduct** any non-allowable expenses (Put X by expense and subtract from total. Circle new total at bottom of receipt. See example on how to deduct an item on page **13**).
- **3. Make a copy or scan** of all of your expenses for your records.
- **4.** Choose your method of submission: online or through the mail (page 12).

B. For Mailed Family Grant Applications use the instructions below:

- <u>Tape original, itemized receipts on blank sheets of paper so not over-lapping. Please do not staple—thank you!</u>
- **Total** each page, then please write total dollar amount of receipts on that page and the category (medical or non-medical).
- Complete "Family Grant Application Form" (GAF). GAF must be legible and complete to ensure prompt payment. Be sure to include appointment verification if travel expenses are included and proof of payment for medical receipts, if applicable.
- Make copies of the entire grant application for your records and send the original request to the COTA office (address on form).

Children's Organ Transplant Association. Family Grant Application Form

Tan Cul

	Patient Name:	June Smith	
Medical Expense(s) RX Co-Pay(s)	Check all that apply Provider Co-Pay(s)	O OTC Medications	Medical Total \$ 80.00
KX Co-Pay(s)	Provider Co-Pay(s)	O OTC Medications	Medical Total 5
	e(s) Check all that apply		
XX Food X Trai	nsportation XLodging	O Living Expenses at Transp	blant
Mileage (ex: total		mileage rate) 67 x 1 tris	x.24=\$16.08
O Misc: Please describe			Non-Medical Total \$ 334 .46
Dir. Deposit: Nan		Email:	#/111 46
······································		Susie Smith	Total : \$ 7/9
OR Check Payable To:			Office Use Only:
Address: 366	21 Your Street		PT:
			VEN:
City: Your	Jown State: AL	Postal Code: 00000	BAL:
Parent/Patient Signature	for	far	
☐ Please check if this is	a new addreks		
		al bill(s) and/or taped receipts	with this form to: 5.13
		TA Drive • Bloomington, Indiana 474 FamilyServices@Cota.org • www.cota.	

How to submit eligible medical expenses to be paid directly to provider:

COTA may pay the provider directly for bills in excess of \$50. Provider statement or bill must show patient name, date of transplant—related service and insurance applied.

BE SURE TO INCLUDE ENTIRE BILL. Payment coupon alone does not provide sufficient information for our records.

Choose your method of submission: online or through the mail (see next page)

Online Submission: Go to https://cota.org/cota-family-resources/

- *** Choose the Payment to Provider Grant Application Form
- *** Follow the online prompts to complete your submission.
- *** All required fields must be completed or you will receive an error message.

Please check each photo or scan intended for upload for readability before uploading!

For Mailed Payment to Provider submission, use the instructions below:

- Complete "Provider Grant Application Form" (Provider GAF). GAF must be legible. To ensure prompt payment, complete the "Direct Provider Payment to" section as payment slip indicates.
- **Submit** individual GAF for **each provider.** If there are several bills (different accounts) from the same provider, these can be included on one form. Please be sure and list the account numbers and amounts due for each account on the grant application form.
- Make copies of the entire request for your records and send the original request to the COTA office (address on form).

Frequently Asked Questions

*When can I start submitting my expenses?
As soon as you have completed your Expense Orientation training call with a Family Services staff member.

*Will you notify me once a provider payment is processed? As long as an email address is provided, you will receive an email once the payment has been processed.

* How Long is the Approval Process?

Upon receiving your grant application, COTA will review, approve and process the request within 7-10 days, pending funds available. This time-frame however, can be, and usually is, shorter! If a large request is submitted or if additional information is necessary, the process may be delayed.

* How frequently may we submit a grant request?

However frequently you would like, with a minimum within 6 months of expenditure.

* What is the timeframe for submitting requests? Expenses are to be submitted within six months of expenditure.

Frequently Asked Questions

(Continued)

* How do I know the availability of COTA funds in the patient's honor?

The balance of the COTA funds in honor of a certain patient can be obtained by submitting an email request to: familyservices@cota.org

Within 48-hours of receiving your inquiry, you should receive a response.

PLEASE NOTE: The thermometer on the patient's website indicates "total funds raised minus fundraising expenses"—this is NOT the balance of the fund.

* What if I have more than one grant request to submit at a time?

Feel free to mail or submit online more than one grant request at a time. When submitting through the mail, please remember to **always** write your name and return address on the outside of the envelope.

* What if I have questions when completing a request? We appreciate questions! Please call us at (800)-366-2682 or send an email to familyservices@cota.org. We are happy to assist you!

Thank you for taking the time to review our Family Services Guide! In the days ahead, this information will be extremely helpful. Please remember, communication will be our best tool as we work together on this transplant journey!



Children's Organ Transplant Association® Family Grant Application Form

Fatient Name:		
Medical Expense(s) Check all that apply O RX Co-Pay(s) O Provider Co-Pay(s) O OTC Medications	Medical Total \$	
dical Expense(s) Check all that apply		
O Food O Transportation O Lodging O Living Expenses at Transplant		
O Mileage (ex: # of roundtrip miles X # of trips X mileage rate)		
	Non-Medical Total \$	
Dir. Deposit: Name: Email:	Total:\$	
OR Check Payable To:		
Address:	Office Use Only: PT:	
	VEN:	
City: State: Postal Code:	BAL:	
Parent/Patient Signature:		
☐ Please check if this is a new address Please send complete original bill(s) and/or taped receipts with this form to:	his form to:	5.13
2501 West COTA Drive • Bloomington, Indiana 47403		

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Grant Application Form Payment to the Provider

Patient Name:		Account/1	Account/Invoice #:	
Type of Service Provided O Office/Clinic Visit	Check one O Labs/Diagnostic Test		O Hospitalization	
				Total \$
Provider Payment			Office Use Only: PT:	
Address:			VEN:	ole:
			BAL:	
City:	State:	Postal Code:	APPT:	
Parent/Patient Signature:				

Please send complete original bill(s) and return envelope provided with this form to:

Notes

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-		

