COMMUNITY BLOOD CENTER/COMMUNITY TISSUE SERVICES
POLICY FOR CHARITABLE ASSISTANCE

Community Blood Center/Community Tissue Services ("CBC/CTS") provides a reasonable amount of its blood and tissue supply without charge or for a reduced charge. This Policy for Charitable Assistance is established to provide the framework within which CBC/CTS will provide charitable assistance in the form of supplying blood and tissue without charge or for a reduced charge.

Limitations

The ability of CBC/CTS to provide charitable assistance is determined by the availability of supply.

Administration

An annual budget review will monitor the available level of charitable assistance. The respective Chief Operating Officer shall be responsible for reviewing all requests.

Hospitals and Other Charitable Organizations

In general, any hospital or other charitable organization receiving a donation of blood or tissue must be tax-exempt.

Subject to availability, CBC/CTS may make a gift to a hospital or other charitable organization or may offer the hospital or other charitable organization the opportunity to pay a reduced charge. The amount of the gift or reduction is at the discretion of CBC/CTS.

Research

In general, any institution performing research which receives a donation of blood or tissue must be tax-exempt.

Subject to availability, CBC/CTS may make a gift to a research institution or may offer the research institution the opportunity to pay a reduced charge. The amount of the gift or reduction is at the discretion of CBC/CTS.

Foreign Countries

Subject to availability, CBC/CTS may make a gift to a foreign institution in instances in which the supply of blood and tissue is not required domestically.
Requests for Specific Individuals

When CBC/CTS receives a request on behalf of a specific individual for charitable assistance, the individual must meet the following conditions:

- The individual’s household income must be equal to or less than 100% of the Federal Poverty Guidelines\(^1\) as published in the Federal Register annually. Income refers to total cash receipts before taxes from all sources. Income includes, but is not limited to, wages, regular payments from any retirement plan or system, social security, unemployment compensation, workers' compensation, veteran’s benefit, public assistance, alimony, child support, regular insurance or annuity payments, and income from interest, dividends, rents, estates or trusts.

- The individual (and/or the individual's spouse if applicable) does not have additional financial resources available to cover the cost.

- The individual is not insured or underinsured.

CBC/CTS reserves the right to make exceptions to the listed requirements or to offer a reduction in charges to an individual exceeding the income limits. Any charitable assistance to an individual will be provided without distinction on the basis of race, color sex, national origin or religious affiliation.

Methods of Applying for Financial Assistance

Individuals who want to apply for charitable assistance will be informed of the application process. The application process may be waived or suspended due to medical necessity. Individuals or their representative can obtain an application at no charge by contacting Cindy Brown at (937) 461-3288.

All patients or representatives who receive an application must complete and return the application within ten (10) business days (unless the patient calls with a legitimate reason to extend the deadline), along with proof of current income such as a paycheck stub.

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\(^1\) 2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

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<tr>
<th>Persons in family/household</th>
<th>Poverty Guidelines</th>
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<tr>
<td>1</td>
<td>$11,170</td>
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<td>2</td>
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A representative will review the application with the appropriate Chief Operating Officer for consideration. Once a decision has been made, a letter will be sent to each applicant advising them of the decision.

Requests for Institutions

When CBC/CTS receives a request on behalf of an institution for charitable assistance, the institution must establish to the satisfaction of CBC/CTS that the use of the gifted blood or tissue by the institution will be in furtherance of the charitable mission of CBC/CTS.

Publication of Policy

CBC/CTS is committed to offering financial assistance to eligible patients who do not have the ability to pay. In order to accomplish this charitable goal, CBC/CTS will publish this policy by posting it on their webpage and including the ability to download a copy of the policy.
COMMUNITY BLOOD CENTER/COMMUNITY TISSUE SERVICES
CHARITABLE ASSISTANCE FORM

Patient Information

Name__________________________________________________
Address_________________________________________________
_________________________________________________
Telephone Number ________________________
Birth date ________________________

Person Financially Responsible

Name___________________________________________________
Address __________________________
_________________________________________________
Are you employed? _____ Yes ______ No
Do you have health insurance? _____Yes ______ No

What is the combined income of patient and spouse _________________
(or combined income of patient’s legal guardian or representative and their spouse)
What is your family’s main source of income? __________________________
How many people do you support? __________________________

Please provide a copy of current paycheck stub.

__________________________________________

Signature
COMMUNITY BLOOD CENTER/COMMUNITY TISSUE SERVICES
CHARITABLE ASSISTANCE FORM

Institution Information

Name__________________________________________________________

Address________________________________________________________
______________________________________________________________

Telephone Number ________________________

Contact Person:

Name__________________________________________________________

Address ______________________________________________________
______________________________________________________________

Please provide a short description of the reasons why you are requesting a donation of tissue so that Community Blood Center/Community Tissue Services can evaluate your request and render an appropriate decision to make a gift of tissue to your organization.
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Signature

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