



# Patient Assistance Policy

Effective Date: January 1, 2026

Last Reviewed:

## Overview

This Assistance Policy outlines the guidelines and procedures for providing assistance to **Person**. The goal is to ensure a clear, efficient, and supportive process for addressing requests for aid across various areas of operation at **Restoring Health Mobile Medical LLC**.

Restoring Health Mobile Medical LLC (R hmm) is a for profit mobile primary care practice committed to improving access to health care services for adults in Duval and Nassau counties. R hmm recognizes that financial hardship may, at times, create barriers to Accessing medical necessary care.

The purpose of this patient assistant policy is to outline the limited assistant options available to qualifying individuals in a transparent, technical, and consistent manner, while maintaining compliance with applicable federal and state regulations and payroll requirements.

## Scope

This policy applies to all patients receiving services from Restoring Health Mobile Medical LLC, including individuals covered by Medicare, Florida Medicaid, PPO insurance plans, or those who are uninsured.

### Requesting Assistance

All requests for assistance should be initiated through the administrative office of RHMM.

### Definitions

Patient assistance - limited reduced fees or pro bono primary care services offered at Restoring Health Mobile Medical LLC distraction.

### **Qualifying Patients:**

Adult patients (18 years and older) experiencing temporary financial hardship that may impede access to medically necessary primary care services.

### **Eligibility Criteria**

Eligibility for patient's assistant is based on the following considerations:

demonstrate financial hardship (e.g. loss of income, uninsured gap, extraordinary medical or living expenses).

### **Inability to pay for services at standard rates**

Submission of requested supporting information when applicable meeting eligibility criteria does not guarantee assistance. Restoring Health Mobile Medical reserves the right to approve or deny assistance based on clinical capacity, availability resources and practice sustainability.

### **Assistance Offered**

Restoring health mobile medical may offer, at its discretion:

- A limited number of reduce fee visits (limited to three (3) visits)
- A limited number of pro bono visits (limited to three (3) visits)

Assistance is limited in availability and reviewed periodically.

### **Application Process**

Patients may request consideration for assistance by contacting RHMM administration

- RHM may request documentation to assess eligibility.
- Determinations are typically made within 7 to 14 business days.

Approved assistance applies only to the Pacific service and time frame authorized (limited to three (3) visits).

### **Required Information for a Request**

Requests must include the following details:

Field	Description
Requestor Name	The full name of the person needing assistance
Contact Information	Email and phone number of the requestor
signature	<input type="text"/> Date

## **Nondiscrimination and standards of care**

Participation in the patient assistant program is voluntary and does not affect:

- access to care
- scheduling priority
- clinical decision making

**Quality or scope of service provided:**

All patients receive the same standard of medical care regardless of financial status or assistant eligibility.

**No donation or contributions requirement:**

restoring health mobile medical does not solicit or accept donations from patients in exchange for medical care period patient assistance is not contingent upon donations, contributions, are gifts of any kind.

**Confidentiality:**

All information submitted for patient assistance consideration is treated as confidential and protected in accordance with HIPAA and applicable privacy laws.

## **Review and Update**

### Policy Review

This policy is reviewed annually and may be updated at RHMM's discretion to ensure ethical practice and regulatory compliance.

Restoring Health Mobile Medical LL  
Mobile Primary Care – Duval & Nassau Counties, Florida

## **Accountability**

The ultimate accountability for the implementation and adherence to this policy rests with the Head of Operations, [Person](#).

**Restoring Health Mobile Medical LLC**  
Mobile Primary Care - Duval & Nassau Counties, Florida  
Phone: 904-902-0736  
Email: [info@restoringhealthmobile.org](mailto:info@restoringhealthmobile.org)  
Website: <https://www.restoringhealthmobile.org>