

**ATAP payment distribution constructed with insurance policy details considered. PREVIOUSLY APPROVED METHOD.**

January 1, 2018 to January 31, 2018 Estimated Copays  
 Monthly Copay Assistance to be Billed: \$3291  
 (Deductible + Copays – Deductible Satisfied)

February 1, 2018 to April 30, 2018 Estimated Copays  
 Monthly Copay Assistance to be Billed: \$592

May 1, 2018 to May 31, 2018 Estimated Copays  
 Monthly Copay Assistance to be Billed: \$283  
 (Out of pocket maximum will have been met)

June 1, 2018 to December 31, 2018 Estimated Copays  
 Monthly Copay Assistance to be Billed: \$0

**Total Assistance Requested January 1, 2018 to December 31, 2018**  
**Total: \$5350**

**No reduction of services.  
 No out of pocket cost to the family.**

**ATAP payment distribution with COST SHARING.**

January 1, 2019 to January 31, 2019 Estimated Copays (1 month)  
 Total Patient Responsibility: \$3225.32 [Deductible met]  
 ATAP Contribution: \$500  
 Parent Responsibility: \$2725.32

February 1, 2019 to May 31, 2019 Estimated Copays (4 months)  
 Total Patient Responsibility: \$525  
 ATAP Contribution: \$500  
 Parent Responsibility: \$25

June 1, 2019 to June 30, 2019 Estimated Copays (1 month)  
 Total Patient Responsibility: \$24.68 [Out of Pocket Max met]  
 ATAP Contribution: \$24.68  
 Parent Responsibility: \$0

July 1, 2019 to December 31, 2019 Estimated Copays (6 months)  
 Monthly Copay Assistance to be Billed: \$0

<b>Totals January 1, 2019 to December 31, 2019:</b>		<b>Cost-sharing Percentage</b>
<b>ATAP Assistant Total:</b>	<b>\$2524.68</b>	<b>47%</b>
<b>Parent Responsibility Total:</b>	<b>\$2825.32</b>	<b>53%</b>
<b>Combined Total:</b>	<b>\$5350</b>	

**No reduction in services.  
 Family pays 53% of out of pocket expenses**

**ATAP payment distribution with REDUCTION OF SERVICE HOURS.**

January 1, 2019 to June 30, 2019 Estimated Copays (6 months)  
 Monthly Copay Assistance to be Billed: \$500  
 (Services reduced to 5 hours per month of supervision and no direct 1-1 therapy)  
 Services not being rendered in accordance with insurance authorization

July 1, 2019 to October 31, 2019 Estimated Copays (4 months)  
 Monthly Copay Assistance to be Billed: \$500  
 (2 hours per week reduction in direct 1-1 services, supervision not affected)  
 Services not being rendered in accordance with insurance authorization

November 1, 2019 to November 30, 2019 Estimated Copays (1 month)  
 Monthly Copay Assistance to be Billed: \$283  
 (Out of pocket maximum will have been met)  
 (No reduction in services – services rendered as authorized by insurance)

December 1, 2018 to December 31, 2018 Estimated Copays (1 month)  
 Monthly Copay Assistance to be Billed: \$0

**Total Assistance Requested January 1, 2019 to December 31, 2019**  
**Total: \$5350**

**Loss of 600 hours of insurance authorized services.  
 No out of pocket cost to parents.**