Myositis Support and Understanding Association, Inc.
Patient Financial Assistance Program Help Guide

Email: Office@UnderstandingMyositis.org
Fax: 888-696-7273

Mailing Address:
MSU
9125 N. Old State Road
Lincoln, DE 19960
Use this MSU Myositis Patient Financial Assistance Help Guide (Help Guide) when inquiring about or applying for financial assistance through Myositis Support and Understanding Association (MSU). This Help Guide is a supplement to the MSU Financial Assistance Application (application) and contains important, required information to include with your application, as well as additional forms and instructions that may be required based on the type(s) of financial assistance for which you are applying. The use of this Help Guide will ensure that you provide all necessary details and documents that otherwise would cause a delay in processing the application or void the application entirely.

When filling out the application, please print clearly. If we are unable to read the information, the application will not be processed. Applications that are incomplete or missing supporting documentation may not be considered.

All applications and provided documents are kept private and confidential. We only share your information with third parties when the type of assistance you are requesting requires us to do so, for example, when paying bills to creditors, booking reservations for medical travel, etc.

Anti-Discrimination Policy: MSU does not discriminate based on race, color, age, religion, national origin, gender, gender expression, sexual orientation, national origin (ancestry), marital status, disability, or political affiliation.

By signing and submitting an application for financial assistance, you acknowledge that you have reviewed this MSU Financial Assistance Application Help Guide, including sections relevant to your assistance request. If you have questions prior to applying please email us at Office@UnderstandingMyositis.org.

**PROGRAM INFORMATION AND ELIGIBILITY**

This program is available to myositis patients who are residents of the United States of America. To be eligible for financial assistance, the patient must be diagnosed with one of the idiopathic inflammatory myopathies (myositis) or be going through the diagnostic process in which doctors strongly suspect and are testing the patient for myositis through muscle or skin biopsy, imaging, EMG, and/or blood work.

Patients may be eligible to receive up to a maximum of $1,500.00 once per rolling year from MSU. This means patients who have received assistance from MSU in the past must wait one full year from the date of the last approved financial award to apply again. All supporting documents must be included with the application to be considered for an award.

No exceptions, to the limit of one award per rolling year, will be made during the transition period in which MSU increases the eligible award from $1000.00 to $1500.00.

Requests for assistance are evaluated on a case-by-case basis and are subject to funding availability as well as eligibility and financial need. If you qualify for a financial award, the amount awarded will be paid directly to your creditor(s), with the exception of case-by-case situations.
APPLICATION PROCESSING INFORMATION

Please allow at least 14 business days for review and processing of your application. To save on costs and help the environment, all notifications and finalized documents are sent via email. If approved, payments are generally processed within 30 days, although they may be received sooner.

Based on the type of assistance you are requesting, and individual situations, we may request additional information and documentation before we can process your application. Failure to provide the required supporting documents and signed forms will cause a delay in the processing of your application or may render the application void.

Applications pending further information and documentation will be held for 45 calendar days, at which time the application expires unless there is ongoing communication. Submitting a new application with updated supporting documents may reopen the process, however, we will not hold funds for expired applications.

We process applications on a first-come, first-serve basis and only process applications that include all required information. If we receive an incomplete application, we will contact you via email for the missing information, mark your application as pending, and we will begin processing the next fully complete application.

Submit your application using one of the methods below. Please do not send medical records.

<table>
<thead>
<tr>
<th>Email</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Office@UnderstandingMyositis.org">Office@UnderstandingMyositis.org</a></td>
<td>888-696-7273</td>
</tr>
</tbody>
</table>

If you prefer, you can mail the documents to MSU, 9125 N. Old State Road, Lincoln, DE 19960.

HELP WITH THE APPLICATION

We include more detail below, including examples, about fields included on the application and about the required supporting documents to submit based on the type(s) of financial assistance you are requesting.

We encourage you to include a personal statement with your application if you think there is information not included on the application that would help us in the review, approval, and payment process. For medical travel assistance, a detailed letter outlining your travel assistance request with more information is highly recommended.
All applications must include the signed “Application Certification” and the signed “Doctor Certification” forms, both of which are included with the application. In lieu of the “Doctor Certification” form included with application, we will also accept a signed letter from your treating doctor as long as it includes the same information requested on the form.

SECTION A: PERSONAL DEMOGRAPHICS, DIAGNOSIS, TREATING DOCTOR

All fields in Section A are required.

It is important that you print your email address clearly on the application. Email serves as our official method of communication throughout the financial assistance process. Provide us with an email that you often check, and remember to check your spam or junk email folders for any misplaced MSU emails. All official letters and notifications are provided to you via email. Add office@understandingmyositis.org to your contacts and email safe senders list.

**Fields on the application**

- List your full name, date of birth, mailing address, city, state and zip code, email address, and phone number;
- List the type of myositis (idiopathic inflammatory myopathy) with which you have been diagnosed;
- If you are applying on behalf of another person, such as a minor child, an adult with a disability who is unable to fill out the application on their own, or for someone for whom you have Power of Attorney, etc., please provide your information in the field “List Non-Patient Applicant’s Name, Phone Number, Email Address, and Relationship.”

**Documents required**

- For a minor child, a copy of the child’s birth certificate.
- For other situations, such as Power of Attorney (POA), a copy of the POA or other official legal documents outside of a POA.

SECTION B: HOUSEHOLD INCOME

All fields in Section B are required.

**Gross income** is defined as the amount of money you earn before anything is taken out for taxes or other deductions.

**Total Monthly Gross Household Income**: This is the total combined monthly gross income for all members of the household.
How to calculate monthly gross income

Use the example below as a guide to calculate the amount we are requesting you enter on the application; your total monthly gross household income. Please complete the steps below for all who earn income in your household and enter the combined total.

In the example below, we will use a $15 hourly wage, a 40 hour work week, and one household member who has income.

1. Multiply your hourly wage (15) by the number of hours worked per week (40) to calculate your weekly gross pay. In this example, it's $600 per week.
2. Next, multiply your weekly gross pay (600) by 52, the number of weeks in a year. In this example, your annual gross income is $31,200.
3. Lastly, divide your annual gross pay (31200) by 12 (number of months in the year) to calculate the number we request on the application - monthly gross income. In this example, you would enter $2600; however, if you have additional household members who earn income, repeat the steps above for each household member and combine the totals. Enter the total on the application.
4. In this example, you would enter $2,600 as the monthly household gross income.

Fields on the application

- Enter the total monthly gross household income;
- Enter how many people live in the household;
- Enter how many people contribute to the household income.

Documents required

No additional documents are required for the income section at this time.

SECTION C: SAVINGS ACCOUNTS

Savings accounts: Include saving accounts and fundraising accounts that have been established in your name. Copies of the front page of your most recent statement for all savings accounts must be included to show the average daily balance.

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Average Daily Balance</th>
<th>Account Number (last digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Bank of America</td>
<td>$100</td>
<td>4321</td>
</tr>
</tbody>
</table>

Fields on the application

Using the example shown above, on the application list the bank name, the average daily balance, and the last four digits of the account number. If you do not have savings accounts or personal fundraising
accounts, simply check the box on the application indicating such.

Documents required

If you have savings accounts or personal fundraising accounts, please send us the most recent statement showing the average daily balance. We do not require the full statement. A printout of an online account is often sufficient, as long as it shows the average daily balance.

SECTION D: TYPE OF FINANCIAL ASSISTANCE REQUESTING

This section of the application is asking what type of financial assistance you are requesting. Please only answer the section that applies to the type of assistance you are requesting. The total you are able to request is up to $1,500.00.

Assistance for Medical Bills

Medical Bills are defined as bills payable for myositis-related medical diagnosis, treatment, and care to pharmacies (or formularies) for prescriptions, accredited hospitals, labs, Licensed Medical Doctors, Doctors of Osteopathy, urgent care centers, and other like institutions. These are not reimbursable expenses. We will pay directly to your creditors according to a recent bill you provide to us.

Fields on the application

- Enter the total amount of medical bills for which you are requesting assistance.
- If you have health insurance, or did at the time of service, please check the bill(s) to see if insurance has paid their portion. If they have, please circle Y on the application. If you know insurance is not going to pay, circle N. If you are not sure if insurance is going to pay, see below.

What if my health insurance company has not paid their part?

Please contact the insurance company first to determine if they are going to cover a portion of the bill and when their payment will likely be applied. If they are going to cover a portion of the bill, please wait until you receive a statement showing the insurance payment applied and updated balance due. Then, submit your financial assistance request with the updated bill.

Documents required

- The most recent copies of the medical bill(s) for which you are requesting assistance.
- Copies of bills must include the payment mailing address, telephone number, and the account number. If a telephone number is not included on the bill, please provide us with this information as it is required for us to make a payment on your behalf.
Assistance for Emergency Household Expenses

Emergency Household Expenses are defined on a case-by-case situation but may include utility bills, mortgage or rent payments, etc.

Fields on the application

Enter the type of expense and the total amount of emergency household expenses for which you would like to request financial assistance.

Documents required

- Copy of the full payment invoice or statement for the household bill(s) for which you are requesting assistance. Screenshots from online accounts will not suffice.
  - Copies must include the company payment mailing address, telephone number, the date, and the account number. If a telephone number is not included on the bill, please provide us with this information as it is required for us to make payment on your behalf.

Rent payment assistance - Emergency requests only

If your request for financial assistance includes emergency rent payment assistance, please note the additional required documents as listed below. The landlord can send these items directly to us via email or fax, or provide them to you to send with your assistance application. Rent assistance is for emergency requests only, such as where you have received an eviction notice. We are not able to provide assistance with security deposits or moving expenses. Rent assistance is provided on a case-by-case basis. We may verify property records in cases where the documents received are insufficient. We classify rent assistance into rentals from property management companies and those renting from other or private sources. The required documents are listed below.

Rent payment assistance documents required

- If you are renting from a property management company, provide:
  - A copy of the eviction notice from the property management company;
    - Must include the payment mailing address, telephone number, account number, and the rental property address. If this information is not included on the eviction notice, please have the landlord provide this information to us via a separate document.

- If you are renting from a private, non-commercial source, provide:
  - A copy of the eviction notice from the landlord;
  - A notarized letter from the landlord that includes the payment mailing address, telephone number, and the amount of the monthly rent and the amount you are past due;
  - A valid, signed copy of your lease.
### Assistance for Mobility/Assistive Devices

**Mobility/Assistive Devices** are defined as devices that help people with myositis enjoy greater mobility, freedom, and independence and include things such as wheelchairs, power wheelchairs, stair lifts, Hoyer lifts, ramps, transfer devices, certain home and bathroom modifications, portable shower, and others.

Since mobility and assistive devices vary based on need and complexity, *applications will be determined on a case-by-case basis*, using multiple factors including medical need as determined by your doctor, device purpose, health insurance coverage, and if the device meets a definition of standard devices likely to be covered under an assistance program.

You may apply for pre-approval and if approved, arrangements can be made to pay the creditor directly or to reimburse you with a copy of the original receipt, as well as all other documents related to the purchase. Reimbursement may not be made without prior approval.

**Fields on the application**

- List the name and type of mobility device;
- List the amount for which you are requesting financial assistance;
- Provide a short description of the device;
- If this was submitted through health or other insurance, please circle “Y” for yes or “N” for no;

**Documents required**

- Submit a brief letter with additional device details, any special considerations, and include how this device will improve your ability to function.
- Submit an invoice, receipt, statement or other document(s) that provides the mobility device details, including cost, mailing information for payments, the company telephone number, and a contact person where applicable.
- If you submitted the device through health or other insurance, provide a copy of the documents you received showing costs and coverage.
  - For Medicare applicants with a supplemental policy - Did your supplemental (secondary) insurance deny coverage for the device? If so, have you appealed the decision? Please provide any details regarding these questions in a brief personal statement or as a part of the letter mentioned in a previous request above.
Assistance for Medical Travel

Medical Travel is defined as airfare; medical mileage; hotel; ground transportation such as taxi, Uber, Lyft, public transportation services, bus fare; and/or train fare; for travel more than 100 miles away from home to consult with a myositis specialist for diagnosis, treatment, and testing.

Medical travel assistance requires pre-approval 60 days in advance of your appointment(s).

We provide assistance funds up front so you have the money to travel. However, some expenses included in medical travel assistance may require reimbursement, most often with transportation and reservations.

Each medical travel assistance decision, and what is included in the approval amount and what will be considered for reimbursement, is made entirely on a case-by-case basis, not to exceed $1,500.

The scheduled appointment must be within the next 60 days. If it’s not, please wait until your appointment date is within the 60-day period to submit your application and required documents. (In special circumstances and case-by-case, some applications can be considered earlier and put on hold if the myositis specialist is scheduling many months out. Please contact us via email if this is your situation.

Medical travel assistance award checks will be mailed at least two (2) weeks prior to the expected departure date, as long as we have received the application and required documents in time to complete processing and make all necessary arrangements.

If approved, and before a check will be mailed, a contract is required. We will provide this to you via email for e-signature. If you are not able to use email, we will mail the contract to you for signature and you can mail it back to us.

Final receipts and documents are required within 30 days of completion of medical travel. Failure to provide final receipts and documentation, as outlined in the contract, will result in the need for you to pay back the full amount of the medical travel assistance we provided.

Fields on the application

- List the scheduled appointment date(s) along with the name and full address of the medical facility you will be attending. If the address is missing, we will not be able to process the application.
- Indicate the number of hotel nights you are requesting, if any. (We will cover the days of appointments and in cases of longer appointments, we may cover the night before and departure the day after the final appointment, as well. For example, if you only have one appointment and it is in the morning, we may cover a hotel the night before, but not the night of.) These details will be worked out during the application approval process.
- Circle the travel method you will be using: Driving / Bus / Train / Flying
• Circle Y / N if a caregiver will be traveling with you. We cover one hotel room, even if you are traveling with a caregiver.

Documents required **when applying**

• Scheduled appointment(s) confirmation - Printout from online medical portal or letter you received from the doctor confirming your appointment date(s). If neither of these options is available to you, we will need a letter from the doctor/medical facility confirming the appointment(s) are scheduled.

• Provide us with a personal statement that details your medical travel plans. Include travel dates, appointment dates, addresses, and any other information you feel would be helpful to us in providing you with assistance.

• **Travel method-specific required information:**
  
  **If traveling by air, bus, or train,** we require that you **purchase travel insurance** through the carrier or other booking authority and you agree to use it to reimburse MSU for any lost funds due to travel cancellation. The cost of such insurance is relatively small, but in the event of cancellation, this will prevent MSU from incurring a loss.

• **If Driving** is your travel method, we will use your address on the application in Section A and the medical facility’s address to determine mileage. Ensure you include the full name and address of the facility on the application, Section D.

• **If Flying** is your travel method, please note that due to the nature of booking flights, we may ask that you pay for the flight upfront and, if approved, we will reimburse you the amount paid with proper receipts after your medical travel is complete. It is suggested that you wait to book the flight until you know if you are approved for a financial award. We will cover one baggage fee if the airline charges. Flights and covered amounts are determined on a case-by-case basis. Southwest Airlines works well with disabled travelers and there are no additional baggage fees.

• **If Train or Bus** is your travel method, provide the travel dates and the station names and addresses you will be using for departure and arrival. We may ask that you book and pay for this upfront for reimbursement, if approved.

Documents required **within 30 days following your last covered appointment**

Per the contract you will sign if approved, below is a list of documents you are required to submit to us within 30 days following medical travel. Failure to provide final receipts and supporting documentation, as outlined in the contract, will result in the need for you to pay back the full amount of the medical travel assistance MSU provided.

• Final hotel/lodging receipt (request this upon checkout), if applicable.

• Airline, Bus, Train receipts along with travel insurance receipts, if applicable.

• Medical appointment visit verification. Your doctor can complete the form we provide at the end of
this help guide, “Visit verification for financial assistance,” or you can submit a visit summary provided by the doctor’s office, or a signed letter from the doctor stating that you attended the appointment(s) with the dates listed.

How we calculate your award if you are approved for medical travel assistance

We use information provided by the U.S. government to calculate various factors for award totals, including the mileage rate for medical travel, the average cost of hotel rooms in the area to which you are traveling, and the average per diem rates for that area. Per diems (allowable amounts per day) include meals, transportation services such as taxi, Uber, Lyft, public transportation, tolls, parking, and any other expenses you may incur as part of your medical travel. We do not require you to provide us with receipts for items covered under per diem. The per diem for the first and last days of medical travel are calculated at 75% of the rate. For example, if you are traveling for two days, the per diem amount for each day would be 75% of the allowable amount.

Air, Train, and Bus travel are based on seasonal rates and other factors that often change. We will work together with you to find the most affordable and convenient round trip option.

APPLICATION CERTIFICATION FORM

This form is a required part of the application and must be completed in full.

Please read over the information on the form and enter the date, print your name, sign your name, and enter your relationship to the applicant. Enter “self” if you are applying on your own behalf.

DOCTOR CERTIFICATION FORM

This form is a required part of the application and must be completed in full by your physician.

Please provide the Doctor Certification form to your treating physician to complete. Submit the signed form with your financial assistance application.

FREQUENTLY ASKED QUESTIONS

When am I able to apply for financial assistance?

If this is your first time applying for financial assistance with MSU, you can submit your application and supporting documents today. Patients are eligible to apply once every rolling year. If you have received financial assistance from MSU in the past, you are eligible to apply one (1) full year following your previous application. In other words, you must wait 12 months from the date you were last approved before you are eligible to re-apply for financial assistance.
For example, if you were approved on March 3, 2019, you would be eligible to apply again on March 3, 2020.

**Can I apply and receive the difference in available award amounts since MSU increased the maximum?**

Unfortunately there will be no exceptions made to the limit of one award per rolling year. If you require assistance again at that time, you may be eligible to receive the newly updated maximum award amount of $1500.00.

**Does MSU offer a prescription copay assistance program?**

No, we do not offer a prescription copay assistance program. However, we do provide assistance for medical bills, and prescription costs are covered under this type of assistance. We require an invoice or statement from the company, and if you are approved, we pay directly to the creditor.

**Does MSU book the myositis specialist visit for medical travel assistance?**

While we are not able to book your appointments, if you need assistance in locating a myositis specialist, check out [Tips to Find Doctors page](#) on our website.

**Can you mail me a copy of the financial assistance decision letter?**

We send all approval information and the decision award letter by email, and you should have a copy for your records, if the application has been finalized.

If you would like us to mail you a copy, please either notate this request on the application or in your personal statement.

If you need a copy of an award letter from a previous application, please contact us via [email](mailto:Office@UnderstandingMyositis.org) with the request.

**Final Note**

By signing and submitting an application, you acknowledge that you have reviewed this MSU Financial Assistance Application Help Guide. If you have questions prior to sending your application please email us at [Office@UnderstandingMyositis.org](mailto:Office@UnderstandingMyositis.org)
## Verification of Visit for Medical Travel for Financial Assistance

(Required for medical travel only)

This form must be filled out and signed by your doctor or an authorized staff member, and must accompany the medical travel final expense documents that are required to be submitted within 30 days of your return date, per the medical travel award contract.

I, ________________________________, verify that the patient, ________________________________,

(Name of doctor or staff member)  
(Name of patient)

was seen in my office/facility and attended the following scheduled appointment(s) (list date(s) below):

_____________________________________________________________________________________.

(List the dates of appointments attended)

Doctor or Authorized Staff Member Name (print) ________________________________

Doctor or Authorized Staff Member Signature ________________________________

Date______________

Name of Hospital/Medical Facility ________________________________________________