

MSU Financial Assistance Help Guide

This guide is to be used when applying for Financial Assistance through Myositis Support and Understanding Association (MSU). MSU is a 501(c)(3) nonprofit organization. This guide is a supplement to the Financial Assistance application and contains important, required information along with additional forms that may be required depending on the type(s) of financial assistance for which you are applying.

Use of this help guide will ensure that you provide all necessary details and documents that otherwise would prevent a delay in processing the application or void the application entirely.

When filling out the application, please print clearly. If we are not able to read the information, the application will not be processed.

All applications and provided documents are kept 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.

Program Eligibility

To apply for financial assistance the patient must be diagnosed with a form of inflammatory myopathy (myositis) or be going through a diagnostic process in which doctors strongly suspect and are testing the patient for one of the forms of myositis through muscle or skin biopsy, imaging, EMG, and/or blood work.

This program is open to patients in the United States of America. Requests for assistance are evaluated on a case-by-case basis and are subject to funding availability as well as eligibility and financial need. Patients may be eligible to receive up to a maximum of \$1,000 per rolling year from MSU. All supporting documents must be included to be considered for an award. 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.

NOTE: Applicants and potential recipients of financial assistance should discuss any ramifications with their caseworker, accountant, or lawyer.

Anti-Discrimination Policy: MSU does not discriminate based on race, religion, color, age, national origin, gender, sexual orientation, or political affiliation. All financial applications will be reviewed on a case-by-case basis and final determination will be based on eligibility, financial need, and availability of funds.

Application Processing Information

We make every effort to process financial assistance applications as we receive them. Depending on the volume we receive, please note that it may take up to two weeks to process your application and for you to receive notification. If your application is an emergency, for instance a vital utility is about to be disconnected, please contact us through email and alert us to that situation along with sending in the application.

Based on the type of assistance you are requesting, and individual situations, we may request additional information and documentation before we are able to process your application.

Failure to provide the necessary supporting documents and signed forms will cause a delay in the processing of your application, or may render the application void. We process applications on a first come, first serve basis and only process applications that include all required information. If you send us an incomplete application, we will contact you for the missing information, but we will move on and begin processing the next fully completed application.

Pending applications are held open for 45 days after we request additional information. Applications expire 45 days from our last communication to the applicant. Submitting a new, updated application along with current supporting documents may reopen the process, however we will not hold funds for pending or expired applications.

To expedite the processing of your application, we will attempt to notify you via email if we have questions or require additional information and documents. We will also send a mailed copy of the request to the address you list on the application.

Where, and how, to send applications, required documents, and signed forms?

Emailing us your application, supporting documents, and signed forms is the fastest and most efficient method. Below is the email address to send your information. Be sure to add the email below to your email contacts list and/or safe-sender list to ensure any replies we send do not end up in your junk/spam folder. Be sure to check the junk/spam folder as sometimes email providers deliver our initial emails there.

Send via Email: Office@UnderstandingMyositis.org

If you do not wish to use email, mail your documents to the address below:

MSU, 9125 N. Old State Road, Lincoln, DE 19960.

HELP WITH THE APPLICATION

Below we have taken each section of the Financial Assistance application and included more information, including examples where needed, and what additional required supporting documents must be included. (See note below)

You may attach a personal statement to your application if you think there is any information not included on the application that would help us make a determination. For medical travel assistance, a detailed letter outlining your travel assistance request with more information is highly recommended.

NOTE: ALL applications must include the signed “Application Certification” form and the signed “Doctor Certification” form that are included with the application. In lieu of the “Doctor Certification” form, we will also accept a signed letter from your treating doctor. In this guide we have listed Documents required. Documents listed under this heading are required in addition to the two forms listed above with the completed application.

SECTION A: PERSONAL DEMOGRAPHICS, DIAGNOSIS, TREATING DOCTOR

The field's listed in Section A are for the applicants personal information, the type of myositis they have been diagnosed with, or are suspected of having, and the treating doctors name.

Include an email address to allow us to use email as a method of contact should we require additional information or have questions.

On the application

'If applying on behalf of another person, please provide the information below' field:

Use these fields if this is an application for a minor child, for 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.

List your name, phone number, email address and your relationship to the patient. Also, briefly list the reason you are applying on their behalf.

Documents required:

- We will require a copy of the child's birth certificate if you are filling out the application for a minor child.
- We require a copy of the Power of Attorney if filling out the application for an adult with a disability or for any other situation when you have Power of Attorney.

SECTION B: HOUSEHOLD INCOME

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:** Please combine the monthly gross income from all contributing members of the household who earn income or receive payments.

How to calculate your monthly gross income:

First, to find your yearly pay, multiply your hourly wage by the number of hours you work each week, and then multiply the total by 52. Now that you know your annual gross income, divide it by 12 to find the monthly amount.

On the application:

Include the total monthly gross household income, how many people live in the household, and how many people contribute to the household income.

No additional documents are required for the income section.

SECTION C: SAVINGS ACCOUNTS

We only require information about savings accounts and personal fundraising accounts that have been setup in your name.

Please list your savings accounts table: Include saving accounts and fundraising accounts that have been established in your name. Copies of the front page of your most recent statements for all of the accounts you list on the application must be included to show the average daily balance.

Bank Name digits)	Average Daily Balance	Account Number (last
<i>Ex.: Bank of America</i> _____	<i>\$100</i> _____	<i>4321</i> _____

On the application, using the example shown above, 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 indicating so.

Documents required:

- If you have savings accounts or personal fundraising accounts, send the most recent statement showing the average daily balance. We do not require the full statement. A simple printout from your online banking account is sufficient.

SECTION D: TYPE OF FINANCIAL ASSISTANCE REQUESTING

This section of the application is asking what type or types of financial assistance you are requesting. Please only answer those that apply to the assistance type you are requesting. All fields under the type you are requesting are required. The total you are able to request is up to \$1,000. This amount can be split between the different types of assistance we provide.

Types of Assistance we offer:

Medical Bills are defined as bills payable for 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.

On the application: Enter the total amount of medical bills for which you would like to request assistance.

If you have health insurance, or did at the time of service, please check the bills to see if insurance has paid their portion. If so, please circle Yes on the application.

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

We ask that you contact the insurance company first to determine if they are going to cover a portion and when this 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. Then, submit your financial assistance request.

Documents required:

- The most recent copies of the medical bill(s) for which you are requesting assistance.
- 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.

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

On the application: Enter the total amount of household bills for which you would like to request assistance.

Documents required:

- The most recent copies of the household bill(s) for which you are requesting assistance.
- 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.

Medical Travel is defined as airfare; 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** using the Financial Assistance application and other required documentation as outlined in this help guide. If approved, each medical travel decision, and what is included in the approval amount, is made on a case-by-case basis, not to exceed \$1,000.

Please provide us with the date of your appointment(s), doctor's name and full address, and any other helpful information for us to review and pre-approve your medical travel for the amount for which you qualify. The appointment must be within the next 60 days. If the appointment is further out, please contact us before applying or wait until your appointment date is within the 60-day period and submit your application. (In special circumstances, on a case-by-case base some applications can be considered earlier and put on hold if the myositis specialist is scheduling very far in advance. Please contact via email if this is your situation.)

Medical travel assistance awards will be provided to you as a check, and if approved, the check will be mailed out at least two weeks prior to your expected departure date, as long as we have received the application and required documents in time to complete processing and make all necessary arrangements. **NOTE:** For some expenses included in medical travel assistance, reimbursement may be required rather than MSU issuing you a check for the amount in advance.

If approved, and before a check will be mailed, you will be required to sign a contract. We will provide this to you via email for e-signature for a faster turnaround and to prevent delays. 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 for some items are required upon 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.

On the application:

Under the section for Medical Travel assistance, please 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 in the application process.

On the application, Circle the travel method you will be using: Driving / Bus / Train / Flying

On the application, Circle Yes / No if a caregiver will be traveling with you. (We cover one hotel room, even if you are traveling with a caregiver.)

More information about Medical Travel Assistance

Applications and procedures for medical travel assistance require more time than other applications. We will need to be able to reach you by phone and/or email in order to make arrangements for travel methods and other necessary details.

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.
- **Travel method specific required information** to include in a recommended letter that describes your travel details and needs:
 - If you selected **Driving** as your travel method, we will use your address listed on the application and the medical facility's address to determine mileage.
 - If you selected **Flying** as 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. It is suggested that you wait to book the flight until you know if you are approved for a financial award. If Southwest Airlines services the areas you are traveling, we highly suggest using them as they provide great service, excellent assistance with disabled travel, and there are no baggage fees. (**Note:** We only cover one baggage fee if the airline charges. Flights and covered amounts are determined on a case-by-case basis.)
 - If you selected **Train** as your travel method, we will need the name and

address of the train stations you will be using for departure and arrival. We may ask that you book and pay for this upfront for reimbursement, if approved.

- If you selected **Bus** as your travel method, we will need you to provide us information about the bus service including name, addresses, phone number, and any other information that will help us. 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:

The following documents, per the contract you will be required to sign if approved, are required to be submitted to us within 30 days of your last covered appointment. 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.

- Final hotel receipt (simply request this upon checkout at the hotel), if applicable.
- Flight, Airline, Bus, Train receipt, 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 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 the mileage rate for medical travel, the average cost of hotel rooms in the area you are traveling to, 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, 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 the per diem rate. The per diem for the first and last days of medical travel are calculated at 75% of the rate we allow. For example, if you are traveling for two days, the per diem amount for each day would be 75% of the allowable amount we provide.

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

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Use in conjunction with the Financial Assistance application



Final Note about Financial Assistance Applications and Required Supporting Documents

Remember that ALL applications require the “Application Certification” and “Doctor Certification” forms to be signed and included. Without both of these signed forms, your application will not be processed.

If you have questions prior to sending your documents, please email us at Office@UnderstandingMyositis.org

To download the MSU Financial Assistance application, please visit

<https://UnderstandingMyositis.org/programs/financial-assistance-program/>

The MSU Financial Assistance program, application processing procedures, and medical travel payment methods and rates are subject to change without prior notice.

Verification of Visit for Medical Travel 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 _____