



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

**Email: [Office@UnderstandingMyositis.org](mailto:Office@UnderstandingMyositis.org)**

**Fax: 888-696-7273**

**Mailing Address:**

MSU  
9125 N. Old State Road  
Lincoln, DE 19960

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**Two Ways to Apply**

**[Print Application](#)**

**[Apply Online](#)**

# MSU Myositis Patient Financial Assistance Help Guide

A supplement to the MSU Financial Assistance Application  
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Myositis Support & Understanding works hard to assist our applicants in addressing their financial difficulties in a way that is fair and sensitive to their circumstances. Assistance is intended only for emergencies and challenging short-term financial situations. To make things easier, you can now [apply online!](#)

This Help Guide is a supplement to the [MSU Financial Assistance Application](#) (print application) and our [online Financial Assistance 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.

**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.

### 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 \$2,000.00 once per rolling 24 months from MSU. This means patients who have received assistance from MSU in the past must wait two full years 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.**

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.

*Note: Applicants and potential recipients of financial assistance should discuss any ramifications, including taxes, with their caseworker, accountant, and/or lawyer. We cannot provide legal advice.*

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### APPLICATION PROCESSING INFORMATION

Please allow at least 14 days for the 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 pending funding availability.

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.

### HELP WITH THE APPLICATION

More details are provided on the following pages, including examples of fields on the application and information about the supporting documents that must be submitted based on the type(s) of financial assistance you are requesting.

***Please use this help guide to ensure that you are submitting all required information and documents to expedite the processing of your application. Decision-making can be delayed if information is missing or incomplete.***

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### 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](mailto:office@understandingmyositis.org) to your contacts and email safe senders list.

#### Fields on the application

- List the *patient's* 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 the patient was diagnosed and the treating physician.
- *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

- A personal statement to help us to better understand your emergency situation.
- 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.

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### 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, credits, or other deductions. This includes all sources of income, wages, unemployment, disability, government assistance, etc.

**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 (\$31,200) 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.

#### Fields on the application

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

#### Supporting income documents required

Please provide a copy of last year's tax return OR the last 3 check stubs for gross income and/or SSDI Income Verification Letter for all members of your household. Please redact confidential information such as social security number, etc. before sending.

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### SECTION C: BANK ACCOUNTS

**Bank accounts:** Include ALL bank (checking and savings) accounts and fundraising accounts that have been established in your name.

**Documents required:** Copies of your most recent statement for all bank accounts from the **last two months** must be included showing the average daily balance.

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

#### 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.

### 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 can request is up to \$2,000.00 (two-thousand dollars).**

## 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. We will pay directly to your creditors according to a recent bill you provide to us as these are not reimbursable expenses.

#### 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 the updated balance due. Then, submit your financial assistance request with the updated bill. **If your insurance company is not going to pay, please provide denial notice.**

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### Documents required

- The most recent copies of the medical bill(s) for which you are requesting assistance. Screenshots from online accounts are not acceptable.
- Copies of bills must include the payment mailing address, telephone number, and 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 in 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 current invoice or statement for the household bill(s) for which you are requesting assistance. Screenshots from online accounts are not acceptable.
  - Copies must include the company payment mailing address, telephone number, amount due, and 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 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. Rent assistance is provided on a case-by-case basis. We may verify property records in cases where the documents received are insufficient. Rent assistance is divided into two categories: rentals from property management companies and rentals 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 in the eviction notice, please have the landlord

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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 showers, 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 that provides the mobility device details, including cost, mailing information for payments, the company telephone number, and a contact person where applicable. Screenshots from online accounts are not acceptable.
- Include any special information we need or anything we need to add to the memo line of a check to ensure proper payment to the vendor.
- 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)

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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.

### 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. 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.

### 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 24 months. If you have received financial assistance from MSU in the past, you are eligible to apply two (2) full years following your previous application. In other words, you must wait 24 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, 2022, you would be eligible to apply again on March 3, 2024.

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

Unfortunately, there will be no exceptions made to the limit of one award per rolling 24 months. If you require assistance again at that time, you may be eligible to receive the newly updated maximum award amount.

#### **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.

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### Does MSU offer assistance for gas (vehicle), hotel, and an unrelated myositis medical cost?

No, we do not cover the above listed items. Assistance is intended only for emergencies and challenging short-term financial situations related to medical bills, mobility devices, and emergency household expenses.

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

Once your application has been finalized, you will receive an email from us. If your application has been approved, we will send you all approval information and the decision award letter via email. You should keep a copy for your records. If your application is denied, you will be notified via email as well.

If you would like a copy mailed to you, please indicate this on the application or in your personal statement.

### Final Note

By signing and submitting an application, you acknowledge that you have reviewed this MSU Financial Assistance Application Help Guide. Additional information and/or documentation may be required to complete your application. All information is subject to verification. Providing false information may result in a denial of any type of financial assistance. Please be sure to check your spam folder for our emails.

If you have questions prior to sending your application, please email our Financial Assistance Specialists at [Office@UnderstandingMyositis.org](mailto:Office@UnderstandingMyositis.org)

**Submit your application using one of the methods below.**

Please **do not** send medical records.

#### **Online Application:**

[https://form.jotform.com/Myositis\\_Support/assistance](https://form.jotform.com/Myositis_Support/assistance)

#### **Email**

[Office@UnderstandingMyositis.org](mailto:Office@UnderstandingMyositis.org)

#### **Fax**

888-696-7273

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