

## What you should know before completing the Patient Financial Assistance application

Below you will find a summary of the information you will need to provide when completing the Patient Financial Assistance application based on your patient's current stage in the treatment process (i.e. pre-transplant, enrolling or enrolled in a clinical trial, post-transplant, etc.).

Household monthly net (take-home) income is within the income caps below.

Poverty Guidelines (Monthly) 48 Contiguous States and D.C.				
Persons in Household	100%	150%	250%	350%
1	\$1,063	\$1,595	\$2,658	\$3,721
2	\$1,437	\$2,156	\$3,593	\$5,030
3	\$1,810	\$2,715	\$4,525	\$6,335
4	\$2,183	\$3,275	\$5,458	\$7,641
5	\$2,557	\$3,836	\$6,393	\$8,950
6	\$2,930	\$4,395	\$7,325	\$10,255
7	\$3,303	\$4,955	\$8,258	\$11,561
8	\$3,677	\$5,516	\$9,193	\$12,870

**Note: The application must be completed in its entirety. It will not save if you exit out of the browser.**

This application must be completed by a healthcare professional.

Be prepared to provide basic patient information including (when applicable) the patient's NDMP Recipient ID (RID).

Patient's name should be their full legal name.

### Patient consent

- Does the patient give consent for us to share their story anonymously to Be The Match/NMDP employees and partners?
  - The story used will be based off the statement of need you provide
- Does the patient give consent to have a member of the Be The Match/NMDP team contact them to talk about sharing their story?

### Transplant Center needs reimbursement for search/procurement activity

- Insurance information
  - Was the following covered by insurance?
    - Unrelated Search
    - Procurement/acquisition
    - Transplant

- Is the insurance employer sponsored? If so, what is the employer?
- Reason for lack of insurance coverage
- Proof of insurance denial after appeal (documentation will need to be uploaded)
- NMDP invoice(s) will need to be uploaded

#### **Transplant Center needs assistance with family or patient typing**

- Insurance information
  - Is the following covered by insurance?
    - Patient/Family typing
    - Procurement/acquisition
    - Transplant
  - Is the insurance employer sponsored? If so, what is the employer?
- Reason for lack of insurance coverage
- Relative names and relationship to patient

#### **The patient is enrolled or will be enrolling in a clinical trial**

- Clinical trial information
  - NCT#
  - Clinical trial facility and location
- What barrier is preventing your patient from moving forward in the clinical trial process?
- Did the patient have to relocate for treatment?
- Did the patient experience a decrease in income because of treatment?
- Household financial information
  - Number of people in household
  - Monthly out-of-pocket treatment costs not covered by insurance
    - Names of medications that are not covered by insurance
  - Types of income currently received and amount (Numerical value only. No documentation needed.)
  - Money/assets in check and savings accounts (Numerical value only. No documentation needed.)
  - Medical and/or credit card debt
- Insurance information
  - Is the insurance employer sponsored? If so, what is the employer?

#### **The patient is pre-transplant**

- What barrier is preventing your patient from moving to transplant?
- Did the patient have to relocate for treatment?
- Did the patient experience a decrease in income because of treatment?
- Household financial information
  - Number of people in the patient's household
  - Monthly out-of-pocket treatment costs not covered by insurance

- Types of income currently received and amount
- Money/assets in check and savings accounts
- Medical and/or credit card debt
- Insurance information

**The patient is post-transplant**

- Transplant date
- What barrier(s) is the patient facing?
- Did the patient have to relocate for treatment?
- Household financial information
  - Number of people in the patient's household
  - Monthly out-of-pocket treatment costs not covered by insurance
  - Types of income currently received and amount
  - Money/assets in check and savings accounts
  - Medical and/or credit card debt
- Insurance information

**Payment**

- Payee name
- Payee date of birth
- Payment preference
  - Prepaid Visa card (arrives in 4 weeks)
    - Address to mail prepaid Visa card
  - Check (arrives in 1-2 weeks)
    - Address to mail check
  - Direct deposit (arrives in 4-5 business days)
    - Does require additional documentation – [click here](#)