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.

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>100%</th>
<th>150%</th>
<th>250%</th>
<th>350%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,063</td>
<td>$1,595</td>
<td>$2,658</td>
<td>$3,721</td>
</tr>
<tr>
<td>2</td>
<td>$1,437</td>
<td>$2,156</td>
<td>$3,593</td>
<td>$5,030</td>
</tr>
<tr>
<td>3</td>
<td>$1,810</td>
<td>$2,715</td>
<td>$4,525</td>
<td>$6,335</td>
</tr>
<tr>
<td>4</td>
<td>$2,183</td>
<td>$3,275</td>
<td>$5,458</td>
<td>$7,641</td>
</tr>
<tr>
<td>5</td>
<td>$2,557</td>
<td>$3,836</td>
<td>$6,393</td>
<td>$8,950</td>
</tr>
<tr>
<td>6</td>
<td>$2,930</td>
<td>$4,395</td>
<td>$7,325</td>
<td>$10,255</td>
</tr>
<tr>
<td>7</td>
<td>$3,303</td>
<td>$4,955</td>
<td>$8,258</td>
<td>$11,561</td>
</tr>
<tr>
<td>8</td>
<td>$3,677</td>
<td>$5,516</td>
<td>$9,193</td>
<td>$12,870</td>
</tr>
</tbody>
</table>

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](#)