Patient Financial Assistance
The transplant center needs reimbursement for search activity

Use the form as guidance for completing the online application. **This is not an application.**

If you have any questions, please contact our Financial Assistance Team at patientgrants@nmdp.org

Your patient's NMDP Recipient ID (RID):_____

**We will reimburse up to $20,000 for search and procurement activity not covered by insurance. Proof of inadequate insurance is required (the explanation of benefits is preferred, but we will also accept the denial letter from the insurance company, policy indicating lack of coverage or documented communication from the insurance company).*

Patient's primary insurance:

- ☐ Private/commercial/employer sponsored
- ☐ Medicare–advantage/cost
- ☐ Medicare–standard
- ☐ Medicaid–managed care
- ☐ Medicaid–state/Fee-for-service (FFS)
- ☐ Charity care
- ☐ Tricare
- ☐ Not insured
- ☐ Other, please specify: _____

Patient's primary insurance information:
Write 'N/A' if not applicable.

Insurance company name	
Issuing state	
Insurance policy number	
Insurance plan number	
Insurance group number	

Patient's secondary insurance:

- ☐ My patient does not have secondary insurance
- ☐ Private/commercial/employer sponsored
- ☐ Medicare–advantage/cost
- ☐ Medicare–standard
- ☐ Medicaid–managed care
- ☐ Medicaid–state/Fee-for-services (FFS)
- ☐ Charity care
- ☐ Tricare
- ☐ Other, please specify:_____

Patient's secondary insurance information:

Write 'N/A' if not applicable.

Insurance company name	
Issuing state	
Insurance policy number	
Insurance plan number	
Insurance group number	
My patient does not my secondary insurance	

Indicate patient's insurance coverage

	Covered	Not covered or limited
Unrelated search		
Procurement/acquisition		
Transplant		

Reason for lack of insurance coverage

- ☐ Coverage only for identified donor
- ☐ Lifetime or annual limit reached, please specify limit: _____
- ☐ Out of network coverage
- ☐ Search and procurement coverage limit reached, please specify limit: _____
- ☐ Other, please specify: _____

Payment will be made directly to the transplant center. Please confirm remit to address.

First name	
Last name	
Address 1 (street address, P.O. box, company name, c/o)	
Address 2 (Apartment, suite, unit, building, floor, etc.)	
City	
State	
Zip code	

Search activity reimbursement:

You will need to:

- Attach the insurance denial letter that is provided after an appeal*
  **Proof of inadequate insurance is required (the explanation of benefits is preferred, but we will also accept the denial letter from the insurance company, policy indicating lack of coverage or documented communication from the insurance company).*

- Attach the corresponding NMDP invoice(s). The online application will only allow you to attach one file. If you have multiple NMDP invoices to submit with your request, please combine all of the invoices into one PDF file before uploading.

- Identify which donors/cords you are asking reimbursement for and what activities are associated (formal search activation/supplier activation, TOB, IDM, etc.)