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PATIENT AID PROGRAM APPLICATION

Please read the Patient Aid Program Guidelines carefully before completing this form. Please keep a copy of this form for your records. **Application by mail only.**

PATIENT (last name, first, middle) _____ Date of Birth _____ Age _____

Address _____ Social Security # _____ Sex _____

City _____ State _____ Zip _____ Phone _____

Responsible Family Member _____ Email _____

Relationship _____ Phone _____ Insurance _____

Check payable to: _____

Send check to: _____

Address _____

City _____ State _____ Zip _____

Ethnicity (optional): African American/Black Native American
 Asian White, Non-Hispanic Hispanic/Latino
 Other - Please specify: _____

Please contact me with more information about the selected additional ways the Foundation offers support:

The One-to-One Program. Personal financial fund
 Lifeline Project. Caring supporters to patients
 Ask The Expert. Advice from transplant professionals
 SupportLine. Patient-to-patient peer support

Amount Requested _____ **Date** _____

TO BE COMPLETED BY PHYSICIAN

Complete Diagnosis _____ Date/expected date of BMT _____

Type of BMT: (Check all that apply)

Autologous Stem cell Allogeneic, related
 Cord blood Syngeneic Allogeneic, unrelated

Hospital _____ Physician _____

Address _____ Phone _____

Email _____

Signature _____ Date _____

TO BE COMPLETED BY NURSE/SOCIAL WORKER

Is this a 1st Request: Yes No

Other Assistance Contacted _____

Household Monthly:

Income: _____ Soc. Sec. _____ Pension _____ Nurse/Social Worker _____

Savings _____ Disability _____ Other _____ Phone _____ Ext _____

Address (if different from above): _____

Email _____

Signature _____ Date _____

Social Summary _____

Service Request _____

Patients must be affiliated with a certified transplant center and have a social worker, nurse, and doctor at the transplant center complete and sign their section of the Patient Aid Program Application.

The health care professional completing the form should mail it to The Bone Marrow Foundation for review. Faxed/emailed forms **will not** be accepted.

Please be as specific as possible when completing the Social Summary and Service Request portions of the form; this will help us understand the nature of the need and determine eligibility. Please feel free to attach an additional page for this information if necessary. It is not necessary to submit receipts or financial records.

Processing time for Patient Aid requests is approximately 8-10 weeks. All requests are acknowledged, at the time of receipt, to the nurse or social worker completing the form. Another letter/e-mail will be sent once a decision has been reached.

Once the application has been submitted all communication should be between the nurse or social worker and The Bone Marrow Foundation.

Patient aid will only be given in the form of a check from The Bone Marrow Foundation. It will be made payable to the individual listed as such on the application.

Patients must disclose the names of any other organizations which have been involved with financial or in-kind assistance, including any dollar amount applied for or awarded to date.

Please write legibly on the application.

Please keep a copy of the application for your own records.

Eligibility

Each patient is eligible for up to \$1,000.00 in financial assistance. Currently the average patient grant is \$500.

As The Bone Marrow Foundation has a specific amount of funding available for patient aid, patients demonstrating the most financial need are given priority.

Patient Aid assistance is a **One Time** grant. Multiple requests for a patient who already received financial assistance will not be accepted.

Patients whose initial request was declined may re-apply if there is a change in their socioeconomic or medical status. Patients re-applying need to complete a new application.

Type of Assistance

Patient aid funds may be used to cover costs associated with:

- donor search
- compatibility testing
- donor harvesting
- medication
- home and day care
- transportation
- accommodations
- medical and psychosocial supplies
- sperm banking
- cord blood banking
- legal fees
- insurance premiums/co-pays
- approved living/housing expenses
- caregiver expenses related to transplant

The Bone Marrow Foundation reserves the right to deviate from these Guidelines when special circumstances arise on a case-by-case basis.