A 501(C)3 Non-Profit California Corporation - EIN #26-4371408

NORTHERN CALIFORNIA RHEUMATOLOGY SOCIETY

3775 Beacon Ave. Suite 100, Fremont, CA 94538 norcalrheumatology@yahoo.com
eVoice: 415-735-NCRS (415-735-6277) eFax: 888-599-8812 www.norcalrheumatology.org

NCRS Medical Financial Support Fund (MFSF)

One of the greatest challenges facing underinsured patients with rheumatology diseases is trying to keep up with the rising costs of deductibles, co-pays, or co-insurances. NCRS may be able to help qualified individuals* with funding for out-of-pocket medical bills that they have received. The NCRS is able to award a one-time grant (maximum $500) to a qualified individual(s). (*Patients qualify for financial assistance if they have low income or having financial difficulties to pay medical bills)

Who May Qualify

1. Qualified Rheumatologist:
    - Only current-active member-supporter rheumatologist in the San Francisco bay area counties can assist their patients to apply.
    - Current-Active NCRS rheumatologist is defined as
        - a paid/donation (minimum $100) member-supporter for this calendar year
        - AND attended at least one NCRS events in the calendar year of the application
2. Qualified Individual:
    - Must have been diagnosed with a rheumatology related diseases
    - Have a financial need - income eligibility/financial hardship can be certified by the patient and co-certified by the office manager OR show proof of income via federal tax return from previous year.

Application Details

All patients are required to complete an application form, and fax to 888-599-8812. The approval process is generally 2 weeks or shorter. Both you and your doctor's office that assist with your application will be notified by mail/fax. If your application is not approved, we will make every effort to contact you by phone to explain the reasons for denial.

Amount to apply -- Who receives the payment?

Each NCRS current member-supporter can apply for a maximum of $500 for either one individual or two individuals with a totally amount not exceeding $500 (eg. $300 for one, $200 for another individual) per calendar year. Payment is generally made to the Rheumatologist Office/Provider who help qualified the patient to apply for this fund. In the case where an individual has already paid out of pocket for eligible expenses, reimbursement will be paid directly to the individual.

What to submit?

1. Application Form

2. Individual's current balance statement with the Rheumatologist office OR a high balance EOBs (Explanation of Benefits), which includes the primary insurance payment, adjustment, and amount of patient responsibility, to show that patient's responsibility amount is greater than the funds requested.

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NCRS Medical Financial Support Fund (MFSF) Application Form

Applicant Full Name: _____

Applicant Phone: Home: _____ Cell/Work: _____

Applicant Address: _____

Medical Debt / Current Balance: _____ Amount request (max of $500): _____

Rheumatologist: _____ Office/Clinic Name: _____

Office Phone: _____ Fax: _____

Office Address: _____

I certify that all the information submitted in this application is true and accurate to the best of my knowledge, information, and belief. I also attest that I am in need of financial assistance, and authorize NCRS to request income verification or other paperwork as deemed necessary.

□ I am the patient, and I am at least 18 years of age.
□ I am applying on behalf of a minor patient, and am the patient's parent/legal guardian or Power of Attorney
Parent/ Guardian Name: _____

Application/ Guardian Signature: _____ Date: _____

Rheumatologist Signature: _____ Date: _____

Office Staff: _____

Made Check Payable to: _____ □ Balance Statement / EOB attached

Please Fax to 888-599-8812 (no cover sheet needed)

Internal Use Only: Form rec'd date: _____ □ Year: _____ □ Balance Left _____
□ Rheumatologist Paid/Donation date: _____ □ Rheumatologist Event date: _____
□ Applicant Balance Statement rec'd?: _____

□ Reviewed by _____ Date:_____
□ Approved □ Declined □ Pending □ _____
□ Note: _____ Date:: _____

_____

_____
□ Check request sent date: _____ □ Check #: _____ □ Check Mailed Date: _____