MRI Access Fund Application
375 Kings Highway North, Cherry Hill, NJ 08034
(800) 532-7667, ext. 120
Web: www.mymsaa.org; Email: mri@mymsaa.org

What is the MSAA MRI Access Fund?

The MSAA MRI Access Fund assists with the payment of cranial (brain) and c-spine magnetic resonance imaging (MRI) scans for qualified individuals who have no medical insurance or cannot afford their insurance costs and require the exam to help determine a diagnosis of multiple sclerosis or evaluate current MS disease progression.

What is offered under the program?

For qualified individuals who have MS or suspected of an MS diagnosis, MSAA will provide financial assistance with:

A. **New MRIs:** For people in need of new cranial and/or c-spine MRIs, MSAA will:

  ➢ Refer you to an imaging center that is under contract with MSAA. This applies to people who have no insurance or cannot afford their insurance costs. MSAA will cover the cost of a cranial (brain) MRI, c-spine MRI, or both; and will pay the imaging center directly.

  **OR**

  ➢ Cover the cost of your medical insurance co-pay or co-insurance balance up to a maximum of $600 per MRI (cranial and/or c-spine). MSAA will pay the billing facility directly. You will be responsible for costs exceeding $600 per MRI.

  **Important Note:** For new MRIs through MSAA – Please DO NOT SCHEDULE an MRI appointment until you have been contacted by MSAA and received official approval.

B. **Reimbursement MRIs:** For people who have had a cranial and/or c-spine MRI with a date of service from July 1, 2017 to present, MSAA will pay the remaining costs up to a maximum of $600 per MRI. MSAA will pay the billing facility directly. You will be responsible for costs exceeding $600 per MRI.

  **Important Note:** Clients seeking reimbursement from MSAA must apply to the MRI Access Fund, provide all required documents and meet income eligibility requirements.

All applicants must complete Steps 1 - 4 and submit required documents. People requesting a new MRI must complete Steps 1 - 5 and include required documents. **Return the MRI Access Fund application to:** MSAA, 375 Kings Highway North, Cherry Hill, NJ 08034, or fax to: 856-488-8257.
How do I qualify?

To qualify for the MRI Access Fund you must:

- Have a confirmed diagnosis of multiple sclerosis or the suspicion of having multiple sclerosis by a qualified healthcare professional
- Not have received MSAA financial assistance for your MRI(s) within the past 24 months
- Complete the application in full and return all required information to MSAA. Incomplete applications will be held until all information, documents and signatures are provided
- Comply with program requirements such as scheduling an MRI appointment when directed, going to the MSAA-referred imaging center, submitting bills in a timely manner, etc.
- Meet income eligibility guidelines & SEND PROOF OF INCOME. Applies to all applicants.

Step 1: INCOME ELIGIBILITY

List below your ADJUSTED GROSS INCOME from your most recent Federal tax return. Please also list the number of people living in your household.

Adjusted Gross Income: $_________________ Total # of people living in my household: ______

To help expand our level of service, MSAA triples the Federal Poverty Guideline for income eligibility. Please see chart below, which is adjusted by 300%, as our guide in determining income eligibility.

<table>
<thead>
<tr>
<th>Persons living in the Household</th>
<th>Income (Not to exceed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$36,180</td>
</tr>
<tr>
<td>2</td>
<td>$48,720</td>
</tr>
<tr>
<td>3</td>
<td>$61,480</td>
</tr>
<tr>
<td>4</td>
<td>$73,800</td>
</tr>
<tr>
<td>5</td>
<td>$86,340</td>
</tr>
<tr>
<td>6</td>
<td>$98,880</td>
</tr>
<tr>
<td>7</td>
<td>$111,420</td>
</tr>
<tr>
<td>8</td>
<td>$123,960</td>
</tr>
</tbody>
</table>

If your income is at or below what is listed in the chart for your family size (i.e., a family of three earning $58,000 would qualify), then please submit proof of income as instructed below.

YOU MUST SUBMIT ONE OF THE FOLLOWING OR YOU WILL NOT BE ELIGIBLE.

a. your last Federal tax return (Page 1 only of Forms1040, 1040A or 1040 EZ – no attachments, W-2 forms or pay stubs needed)

b. an eligibility letter from the US Dept. of Health and Human Services for Temporary Assistance for Needy Families (TANF) or General Assistance (GA); or an eligibility letter for SSI/SSDI from the US Social Security Administration

You can blacken out your SS# on these forms. MSAA maintains strict confidentiality and security of all information provided.
Step 2: PERSONAL DATA FORM

I am an individual:

☐ Diagnosed with MS  ☐ Not diagnosed but suspected of having MS  ☐ Diagnosed with CIS

Information on the person seeking an MRI

Name: __________________________________________________________

Address ________________________________________________________

_________________________________________________________________

Date of Birth: _____________________  ☐ Female  ☐ Male  Marital Status: ____________________

Home Phone ___________________________  Cell Phone ___________________________

Email address _____________________________________________________

If under age 18, name of the patient’s parent or guardian: __________________________________________

If needed: I, _______________________________, have permission to speak on behalf of the MRI applicant.

Ethnic Origin (optional)

☐ American Indian or Alaska Native  ☐ Hispanic or Latino

☐ Asian  ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American  ☐ White or European

☐ Chicano or Mexican American  ☐ Other (please specify) _____________________

How did you learn about MSAA?

☐ Neurologist  ☐ Family/Friend

☐ Other physician  ☐ MSAA activity/website

☐ Other MS organization  ☐ Pharmaceutical Company

MS Classification:  ☐ Relapsing/Remitting  ☐ Primary Progressive

☐ Secondary Progressive  ☐ Progressive Relapsing  ☐ Unclear diagnosis

Year Diagnosed: __________________________

Symptoms:

☐ Fatigue  ☐ Memory loss  ☐ Depression  ☐ Headaches

☐ Tingling  ☐ Balance Difficulty  ☐ Speech

☐ Numbness  ☐ Difficulty with  ☐ Coordination Loss  ☐ Swallowing

☐ Burning Sensation  ☐ Problem Solving  ☐ Leg Heaviness  ☐ Heat Sensitivity

☐ Pain  ☐ Bladder issues  ☐ Weakness  ☐ Cold Sensitivity

☐ Muscle Spasms  ☐ Bowel issues  ☐ Tremors  ☐ Other Symptoms

☐ Muscle Tightness  ☐ Vision Loss/Blur  ☐ Dizziness/Vertigo

Tests you’ve had: ☐ MRI Brain ☐ MRI Cervical Spine ☐ Spinal Tap ☐ Evoked Potentials

MS drugs you use:

☐ Aubagio®  ☐ Copaxone®  ☐ Glatopa™  ☐ Ocrevus™  ☐ Tecfidera™

☐ Avonex®  ☐ Extavia®  ☐ Lemtrada®  ☐ Plegridy®  ☐ Tysabri®

☐ Betaseron®  ☐ Gilenya®  ☐ Novantrone®  ☐ Rebif®  ☐ Zinbryta®

Please copy for your records  MSAA info: (800) 532-7667, x 120; mri@mymsaa.org; Fax: 856-488-8257  Revised: 10/17
Step 3: MRI REQUEST – Please select options A (OR) B

A. New MRI Request: For people seeking new cranial (brain) and/or c-spine MRIs, please check the appropriate boxes below, provide the requested information, and sign.

☐ I lack medical insurance and cannot afford the cost of a cranial MRI, c-spine MRI, or both
☐ I have medical insurance (private or Medicare), but I cannot afford my deductible balance, and/or co-pay or co-insurance cost for a cranial MRI, c-spine MRI, or both.

➢ Name of insurance carrier (including Medicare): ____________________________________________

➢ If you know your insurance information or can receive help from your doctor’s office, please list:

   Policy deductible: $ __________ Current deductible balance: $ __________
   Co-insurance: ☐ 90%/10% ☐ 80%/20% ☐ 70%/30% ☐ N/A ☐ Copay: $ _________

   Based on my doctor’s recommendation, I am in need of a:
   ☐ Cranial (brain) MRI ☐ C-Spine MRI ☐ Both Cranial & C-Spine MRIs
   ☐ Yes, I hereby certify that the above information provided to MSAA is accurate to the best of my knowledge. I understand MSAA has the right to request additional information from me, my doctor or insurance carrier to help process my application.

   Signature: ___________________________ Date: ____________________

B. Reimbursement MRI*
*Only for MRIs with a Date of Service of July 1, 2017 to present

For people seeking reimbursement assistance for a cranial (brain) MRI, c-spine MRI, or both, with a date of service from July 1, 2017 to present, please check the appropriate boxes below, provide the requested information, and sign.

☐ I lack medical insurance and cannot afford to pay the balance due on my cranial MRI, c-spine MRI, or both, for my MS diagnosis or follow-up care.

☐ I have medical insurance (private or Medicare), but cannot afford to pay the co-insurance or copay balance on my cranial MRI, c-spine MRI, or both, for my MS diagnosis or follow-up care.

Please list your balance due $ __________ and include a copy of the invoice. If approved, MSAA reimbursement will not exceed $600 per MRI. MSAA will pay the facility.

☐ Yes, I hereby certify that the above information provided to MSAA is accurate to the best of my knowledge. I understand MSAA has the right to request additional information from me, my doctor or insurance carrier to help process my application.

   Signature: ___________________________ Date: ____________________
Step 4: TERMS AGREEMENT FORM

By signing this agreement, I do hereby certify that the information I have provided to MSAA is accurate to the best of my knowledge, and I do not have sufficient insurance or financial means to provide full payment for an MRI exam. By signing this agreement, I do hereby agree to the following terms and conditions as set forth by the **Multiple Sclerosis Association of America** (MSAA).

1. If MSAA needs to verify the information that I have provided, then I will grant permission in writing to MSAA to review my physician, insurance, and tax records.

2. I hereby authorize the MSAA to contact my health care provider, insurance company, or other third party payers and for such parties to release to the MSAA all medical records, insurance, or third party payer information which is to be used to assist in determining my level of eligibility for the service of the MRI Access Fund.

3. I understand that any payment will be made directly to the imaging center.

4. I understand that I am responsible for paying any additional fees such as lab fees and physician fees for reading the test and any unpaid portion of the MRI not covered by the MRI Access Fund and this terms agreement.

5. I release and hold harmless the **Multiple Sclerosis Association of America, Inc.**, and the supporters of the MRI Access Fund and their respective officers, employees, agents, funders and members for any resulting adverse effects of the test and/or resulting treatment.

6. I understand and agree that the personal and medical information I have voluntarily provided to MSAA may be used or shared for the sole purpose of acquiring the service or benefit I have requested. I understand MSAA’s policy is to strictly maintain the confidentiality and security of all personal information.

7. I agree to comply with MSAA requests for follow-up correspondence and submission of necessary billing information in a timely manner and understand that failure to do so could result in delayed processing or eligibility denial.

8. I understand that MSAA will not be responsible for any expenses incurred that occur prior to obtaining the expressed written consent of the MSAA MRI Access Fund.

Client Signature: ______________________________________ Date: ______________

Guardian Signature: ____________________________ Date: ______________

The MRI Access Fund is made possible with support from Biogen, Sanofi Genzyme, and Teva Neuroscience.
Step 5: PHYSICIAN REVIEW FORM*

*Only needed if you are applying for Option A: New MRI. If you are applying for a reimbursement MRI, please skip this form and submit your application to MSAA.

The following information must be completed and signed by the applicant’s neurologist or other healthcare provider. The physician must also include an MRI prescription for the applicant.

Name of Patient (applicant): _________________________________ Date: ______________

Physician’s Name: __________________________________________________________________________

Office phone: ________________________________ Fax: ________________________________

1. Based on my examination and/or review of medical records, the above-mentioned patient:
   □ Exhibits symptom(s) that may indicate a diagnosis of multiple sclerosis
   OR
   □ Has a diagnosis of multiple sclerosis

2. To help either confirm a diagnosis of MS or evaluate current MS disease progression, the above-mentioned patient requires a:
   □ Cranial MRI  □ C-Spine MRI  □ Both a Cranial and C-Spine MRI

3. I, or a close family member, have a financial or compensation arrangement with, or ownership interest in, an imaging center or hospital with an MRI machine?
   □ Yes
   □ No

If yes, please provide the facility name and address: ________________________________

☐ Yes, I hereby certify that the above information provided to MSAA is accurate to the best of my knowledge. I have received the above-mentioned patient’s permission to release such statements regarding his or her treatment and/or diagnosis.

Physician Signature: __________________________________ Date: __________

***Please include the MRI prescription/order with this application, or it can be faxed along with this page to MSAA, Attn: MRI Dept., at 856-488-8257.
MRI Access Fund Application Reminder Page

Please KEEP THIS PAGE for your records.

Before returning the MRI application, please make sure to:

- Complete Step 1 (Income Guideline) AND INCLUDE DOCUMENTED PROOF OF INCOME

- Complete Step 2 (Personal Data Form)

- Complete Step 3 (MRI Request). Please select just one (1) option, A or B; sign where needed; and send invoice if seeking reimbursement.

- Sign the Terms Agreement Form (Step 4)

- Have your doctor complete and sign the Physician Review Form (Step 5), if applying for a new MRI, and include the prescription

Other Important Notes:

- Please DO NOT SCHEDULE an MRI appointment until you have been contacted by MSAA and received official approval.

- Additional costs such as doctor’s visits, reading or lab fees are not covered by the program.

- You must wait 24-months after receiving financial assistance from MSAA for your MRI(s) to reapply to the MRI Access Fund.

- The MRI Access Fund is not an emergency-based service. Applications are processed on a first-come, first serve basis. Please allow MSAA a few weeks to process your application. Thank you!

Return the MRI Access Fund application to: MSAA, 375 Kings Highway North, Cherry Hill, NJ 08034, or fax to: 856-488-8257. Phone: (800) 532-7667, ext. 120; Email: mri@mymsaa.org