



Financial Assistance Program

Sisters Hope Foundation provides financial assistance to ALSP patients for medical expenses directly related to ALSP. The program is on an as needed basis and provides financial assistance with co-pays, deductibles and services not covered or services denied by your insurance company.

We can help pay for:

- Treatment-related co-pays, deductibles, and services not covered or denied by your insurance company.
- Prescription medication related to prescribed treatment and over the counter medication.
- Medical equipment including cane, walker and/or wheelchair. Incontinence products.

Program Eligibility Criteria:

To be eligible for Financial Assistance, you must

- Be a United States citizen or permanent resident of the U.S. or U.S. territory.
- Have medical insurance and provide proof of insurance.
- Have an ALSP diagnosis (CSF1R mutation) confirmed by a genetic test. Must provide proof of CSF1R mutation.

Note: These programs are for patients and their families who reside in the United States. SHF's ability to help outside of the US is limited. However, we will review and consider all requests.

Exclusions:

- Due to the extremely high cost of certain medical procedures including bone marrow transplant, SHF is not able to offer financial assistance when insurance denies coverage.
- Medical insurance premiums are not an eligible expense for reimbursement.

How to Apply:

STEP 1:

Email heidi@sistershopefoundation.org and provide the following information:

- Proof of ALSP diagnosis provided by genetic testing.
- Proof of Medical Insurance, as well as Medicare/Medicaid.
- Name of treating physician.
- Include Direct Payment to Medical Provider or Reimbursement for Payments Made (See STEP 2 BELOW)

STEP 2:

Direct Payment to Medical Provider:

- Copy of unpaid invoice, bill that includes the exact treatment or service.

Effective January 1, 2022

- Copy of Explanation of Benefits (EOB) from your medical insurance company.

Reimbursement for Payments Made:

- Provide proof of payment (receipt, bank statement, credit card statement, cleared check)
- Copy of unpaid invoice, bill that includes the exact treatment or service.
- Copy of Explanation of Benefits (EOB) from your medical insurance company.

This information will not be shared and is for verification purposes only.

Decisions:

You will be notified via email when a financial determination has been made. The financial assistance program is made possible by sponsors and donations to SHF. Financial assistance is not guaranteed and are available on a first come, first served basis.

Benefits and Taxable Income:

As a charity, SHF is exempt from federal income tax and individuals who receive assistance from a charity to meet their personal needs do not generally have to pay federal income tax on the value of the assistance they receive. It should not affect your ability to receive financial assistance from the government or affect your income taxes. Any questions or concerns should be discussed with a tax professional.

FAQ's:

What is a Co-Pay? A fixed amount you pay for a health care service that is covered by your insurance and after you've paid your deductible. Copays vary for different services like drugs, lab tests, and visits to specialists within the same plan.

What are some expenses that are necessary for an ALSP patient and may be eligible for reimbursement? CT and MRI scans, Labs and Tests; Treatment-Related Co-Pays, Deductibles, Co-Insurance, Prescription Drugs and some Over-The-Counter Medications, Incontinence Products, Cane, Walker and/or Wheelchair.

Please Note:

You have complete freedom to choose doctors, providers, suppliers, insurance companies and treatment-related medications.

As a non-profit organization, we rely on the generosity of our sponsors. Program continuation is dependent on the availability of funds and the program could be modified or discontinued at any time if funding is limited or no longer available.