



# Patient Assistance Fund

## A Special Program of the Hemophilia Foundation of Maryland

### Application Form

#### Eligibility

Any member of the Hemophilia Foundation of Maryland (HFM) with a bleeding disorder who is living in Maryland. If you are not already a member of our organization, completion of this form automatically enrolls you as a member. Membership in HFM is free.

#### Guidelines and Application Procedure

- Financial assistance requests can be self-referred or come to the chapter from hemophilia treatment center staff or industry or home health care representatives.
- Requests are limited **to a specific amount** in order to serve as many members as possible.
- Only one request per household.
- The household is unable to pay one or more essential household bills (mortgage, rent, water, electricity, phone, or car payment) because of decreased financial resources.
- HFM is also able to provide grocery cards up to \$100, and that total will count toward your total request.
- Blinded applications are reviewed by the HFM. Please allow 1-3 days for decisions to be made.
- If approved, please allow an additional 5-7 days for payments to be made. Payments are made via our online bank account and are mailed directly to creditors. Grocery cards will be mailed to your home (or emailed, if an e-card and email access is available).

***Note: We are unable to reimburse you for expenses that have already been paid. Financial assistance is only available to cover expenses that have not yet been paid and payment is made directly to the creditor. No payments will be made to you directly.***

Return forms to [info@hfmonline.org](mailto:info@hfmonline.org) or by fax, 410-661-2308



Name and phone number of creditor for this payment:

---

Mailing address of creditor for this payment:

---

Account Number (if applicable) that should be included on check:

---

Payment for this expense is due to the creditor by what date:

---

Have you requested funds from another group for this same request: ( ) Yes ( ) No

If yes, please specify which organization(s), the amount of funds requested and the date(s) funds requested:

---

---

---

Did you receive funds from this organization? ( ) Request Still Pending ( ) Yes ( ) No  
If yes, how much did you receive and from which organization?

---

### Supporting Documentation

- Please provide copies of the household bills, utility bills, phone bills, rent agreements, house loan payments, or other outstanding payments due for which the assistance is requested.

### Certification

I am an individual with a congenital bleeding disorder or a parent or sibling of a person with a bleeding disorder in need of financial assistance. I certify that the information included on this application is true and complete. I authorize the release of information to the Hemophilia Foundation of Maryland in order to verify all statements made in this application. I also give permission to contact a representative at my local hemophilia treatment center as necessary.

---

Signature

Date: