shady grove fertility

Shared Help Program

ELIGIBILITY REQUIREMENTS & APPLICATION

PROGRAM OVERVIEW

We understand the cost of fertility treatment can be overwhelming for many people and that sadly, the decision to pursue care often comes down to the bottom line, affordability. The Shared Help Program is designed to help make fertility treatment more affordable, by offering discounts to patients who have no insurance coverage for procedures and services needed and limited personal resources to cover the out-of-pocket expenses.

It is our hope that through the Shared Help Program more patients will be able to receive the treatment they need to help them achieve their dream of parenthood.

PROGRAM DETAILS

Shared Help provides patients, whose annual household income is $90,000 or less, with a discount off the cost of our global-single cycle fertility services provided by Shady Grove Fertility. The percentage discount is based on annual household income which is confirmed by two years of U.S. federal tax returns. Discounts do not apply when the fees are paid to an outside service and, therefore, not within our control.

If you are approved for Shared Help discount, you are also eligible to receive a discount of 50% off of qualifying medications (Gonal F, Cetrotide, and Ovidrel) for your treatment cycle, through EMD Serono's Compassionate Care Program. Please ensure that your nurse is made aware of your intentions to apply for the Shared Help discount program so that she can order your medications accordingly.

What Services are eligible for Discount?

The following programs and services provided by one of Shady Grove Sites are eligible for Shared Help Discount:

Timed Intercourse Single Cycle Global Fees
IUI Single Cycle Global Fees
IVF Single Cycle Global Fees
FET Single Cycle Global Fees
Donor Egg Single Cycle Global Fees
Egg Freezing Single Cycle Global Fees
Egg Thaw Single Cycle Global Fees
Embryo Donation Single Cycle Global Fees
Oncofertility Programs
Non-IVF Surgical Procedures not covered by Insurance (ie: Hysteroscopy, D&C, etc)

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What Services are ineligible for discount?

All outside services
Outside Lab Tests (Infectious Disease Testing, Genetic Testing, Pre-implantation Genetic Lab Analysis, and all other testing performed outside of SGFRSC)
Prescreening (Day 3 blood work, semen analysis, clomid challenge test, Mock ET, HSG, saline sonogram, ultrasounds, surgery, endometrial biopsy, Mock EEP cycle, Injection class)
All Hospital Charges
Medications
Outside Urologist Charges
Embryo Batching Fees
Multi-Cycle Discount Program
Shared Risk Programs
Program Riders (Gestational Carrier, PGT, Embryo Biopsy, Dual Insemination etc.)
Cryo Preservation & Storage Charges
SGFC Surgery Center Charges
Anesthesia
Pregnancy Tests and Ultrasounds
Social Worker Charges
Shipping & Supply charges (i.e. Collection Condoms)
Study Participants are excluded from the Shared Help Program
Assure 20 Egg Freezing Financial Program
Assure 30 Egg Freezing Financial Program
Co-pays, deductibles, and co-insurance
Donor Costs (Donor Fees, Medications and Administrative Fees)
Donor and Gestational Carrier Prescreening and Genetic Testing
Split Egg Donor Cycle Fees
Designated Known Donor Cycle Fees

This is a comprehensive list of exclusions at this time; there maybe additional tests/programs that may be considered program exclusions.

Cancelled Cycle Policy
Cancelled cycles will be charged out fee for service, Shared Help Discount will apply.

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HOW TO APPLY

Eligibility Criteria

Shady Grove Fertility selects participants for the Shared Help program based on the following criteria. Only participants who meet ALL of the criteria will be accepted.

Annual household gross income (including gross business income, rents, capital gains etc.) must be $90,000 or less based on last two years U.S. Federal tax returns. (75% weighting towards most recent year)
Meets normal medical criteria for desired treatment
Uninsured or denied insurance coverage for the treatments and procedures
Applicant(s) must provide last two years of U.S. Federal Tax Returns
Must be U.S. Resident(s)
Re-qualification required every 12 months. Send in updated tax returns prior to expiration of initial approval to continue in the program

Application Requirements

Please complete the enclosed forms. Please print clearly and return your completed application to your Financial Counselor, who will forward your completed application to the Shared Help department for processing.

Please note your application will not be processed if you do not meet the above eligibility criteria or if any of the following information has not been received:

Completed & Signed Application
Completed & Signed Request for Transcript (form 4506T-EZ) Application
Copy of your last two years U.S. Federal Tax Returns (Form 1040) including schedules 1, C, D, E & F if applicable.
(*For example, if you have Business Income, submit schedule C or C-EZ. If you have rental income, submit schedule E)*

Tax Returns required:
Married and filing jointly- Send in joint tax return
Married and filing separately- Send in both patient and partner tax returns
Single with Partner- Send in both patient and partner's tax returns
Single- Send in tax return

Tax Returns are required on both partners. Application cannot be processed if both partners income is not disclosed.

If you are a U.S. Resident and did not file taxes, then please contact the IRS at (800) 829-1040 and request a Tax Return Transcript –verification of non-filing.

If you do not have a copy of your tax return request a Tax Return Transcript from the IRS at (800) 829-1040.

NEXT STEPS

Upon receipt and review of your application, Shady Grove will notify you of your approval or denial by mail. Please allow at least 1-2 weeks for a response. All approved applicants will be given additional information in writing regarding cost of treatment from the Patient Financial Services Department.

Lastly, we hope this program will help you become one step closer to achieve your dreams of parenthood.

Sincerely,
Physicians and Staff of Shady Grove Fertility

MPI:	Age:
Ofc:	
Dr:	
Ins/ Non-Covered Services:	
Office Use Only	Rev. 5/2020

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PATIENT APPLICATION

Please complete **ALL** fields in the following form and keep a copy for your records. Incomplete applications will not be processed.

Please note you should discuss with your physicians the risks, side effects and other aspects of all treatment options before selecting the best course of treatment for you.

PERSONAL INFORMATION

Last Name	First	Middle.	
Street Address	City	State	Zip Code
Phone ( )	Fax	Email	
Social Security Number - -	Date of Birth / /	Sex **M**	**F**

PARTNER INFORMATION

Last Name	First	Middle	
Street Address	City	State	Zip Code
Phone ( )	Fax	Email	
Social Security Number - -	Date of Birth / /	Sex **M**	**F**

How did you hear about this program?

☐ SGFC Physician ☐ SGFC Website ☐ Financial Counselor ☐ Friend ☐ Internet/Ads

APPLICANT CERTIFICATION

I certify that all of the information provided in this application and the provided tax returns is complete and accurate and that I have not withheld material information related to my household income or financial wherewithal. I authorize the release of the information contained in this application for the sole use of Shady Grove Fertility, its program participants, its representatives and/or agents in order to assess my eligibility for participation in the Shared Help program. I authorize Shady Grove Fertility, its representatives and agents to request and obtain from my physicians and any insurer, medical and other patient information related to my treatment for infertility or coverage of infertility treatments. I agree to immediately inform Shady Grove Fertility if my income or insurance status changes and to provide any documentation that Shady Grove Fertility requests to verify the same. I further authorize these parties to contact me directly, if necessary, to process this application and I agree to provide such additional information as requested. I understand that application for assistance from the Shared Help program does not guarantee that assistance will be provided. I understand eligibility for the Shared Help program is subject to approval under the criteria and requirements set forth herein and that Shady Grove Fertility reserves the right to change or terminate this program without prior notice. I agree to abide by this certification and authorization throughout my participation in the Shared Help program and to notify Shady Grove Fertility if aspects of my certification and authorization are no longer applicable or accurate.
I have also discussed with my physician the risks, side effects and other aspects of all treatment options before selecting the best course of treatment for me.
By signing below, I certify that I have completely and accurately disclosed all information provided or requested for in this application, I have been offered other payment options and understand the Shared Help Program requirements.

Patient Signature: Date:

Partner Signature: Date:

Shared Help Program Application Check List

Now that you have read the package please use this checklist to complete your application.

(*Incomplete applications will not be processed. Please contact your Financial Counselor if you have any questions.)*

APPLICATION CHECKLIST:

Please use the following checklist to ensure that you have included all required documents.

- ☐ Applicant (s) completed & signed application
- ☐ Applicant (s) completed & signed Request for Transcript (form 4506T-EZ) Application
- ☐ Applicant (s) copies of last two years of U.S. Federal Tax Returns (Form 1040), including **Schedules 1, C, C-EZ, D, E, & F** if applicable

Tax Returns required:
Married and filing jointly- Send in joint tax return
Married and filing separately- Send in both patient and partner tax returns
Single with Partner- Send in both patient and partner's tax returns
Single- Send in tax return

Please return your completed application to your Financial Counselor.

Please send copies of tax returns. Do not send in original documents.

Please note your application will not be processed if you do not meet the eligibility criteria or if any of the required information has not been received.

Form **4506T-EZ**
(Rev. August 2014)
Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

▸ Request may not be processed if the form is incomplete or illegible.
▸ For more information about Form 4506T-EZ, visit *www.irs.gov/form4506tez*.

OMB No. 1545-2154

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name	Telephone number
Shady Grove Fertility	301-545-1200

Address (including apt., room, or suite no.), city, state, and ZIP code

9600 Blackwell Road, Suite 500, Rockville, MD 20850

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. *If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.*

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. Note. *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ Signature (see instructions) — Date

▶ Spouse's signature — Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to *www.irs.gov/form4506tez*.

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Get Transcript of Your Tax Records” under “Tools” or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:	Mail or fax to the “Internal Revenue Service” at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.