

Shady Grove Fertility understands fertility treatment can be an expensive process, and that many patients will not have insurance benefits for their treatment. As such, SGF created the Shared Help Discount Program, which allows patients to obtain a discount on fertility treatment, based on their gross income and lack of insurance, or insurance coverage for fertility treatment. Shared Help provides a 5% or 15% discount on fertility treatment, based on gross annual income for the patient and partner, if applicable, and requires pre-approval. Shared Help is an income-based program that offers a discount on most treatment and procedures performed at SGF.

Eligibility Criteria

- ❖ Patients that lack insurance coverage for fertility treatment and are classified as “self-pay”
 - Uninsured
 - No insurance benefits for treatment
 - Denied insurance coverage
- ❖ Income
 - The annual gross income for the patient and partner, as applicable. The income of both patient and partner must be reviewed, regardless of marital status or living arrangements
 - Gross income will be based on the IRS U.S. Federal tax return for the prior year
 - Patients or couples with a gross income between \$80,000-\$90,000 may be eligible for a 5% discount
 - Patients or couples with a gross income less than \$80,000 may be eligible for a 15% discount
- ❖ Shared Help cannot be combined with insurance or other discounts

Eligibility Process

- ❖ Patients will complete an application including an IRS U.S. Federal Tax Transcript for the prior year
 - Couples must each provide a tax transcript
- ❖ Patients must meet the eligibility criteria outlined above
- ❖ Patients must reapply annually for the Shared Help Discount Program
- ❖ Qualified patients will be notified one week after submitting a completed application including tax transcript
- ❖ Do not submit 1040 or W-2 Tax forms

Excluded Services

- ❖ Diagnostic testing
- ❖ Provider consults
- ❖ Services outside of the treatment cycle
- ❖ Shared Risk 100% Refund Program
- ❖ Multi-Cycle Discount Program
- ❖ Costs related to riders or supplemental fees including, but not limited to:
 - Anesthesia
 - Donor egg, donor sperm, gestational carrier expenses
 - PGT-A

Included Services

Single cycle treatment is eligible the Shared Help Discount Program. Multi-Cycle Discount Program and Shared Risk 100% Refund Programs are ineligible for Shared Help. Included single cycle treatments are:

- ❖ Timed Intercourse
- ❖ Intrauterine insemination (IUI)
- ❖ In vitro fertilization (IVF)
- ❖ IVF with donor egg or gestational carrier
- ❖ Frozen embryo transfer (FET)
- ❖ Egg freezing
- ❖ Egg thawing
- ❖ Embryo donation

How to Apply

- ❖ If you meet the eligibility criteria, please contact your Financial Counselor to request an application.
- ❖ Applications must be completed in full for both the patient and partner, as applicable, along with an IRS U.S. Federal Tax Transcript.
- ❖ Once the application and tax transcript are submitted through the Patient Portal, the eligibility review will take approximately one week.

How to Obtain an IRS Tax Transcript

- ❖ This process should not exceed 15 minutes
- ❖ Go to the IRS Website: www.irs.gov/get-transcript
- ❖ Click on “Get Transcript Online”
 - You will be required to validate your identity, and will need supporting documentation
- ❖ Follow the on-screen prompts to confirm your identity
- ❖ Select “Income Verification” as the reason for the transcript
- ❖ Select “Record of Account Transcript” and the last tax filing year
 - If you did not complete taxes for the prior year, your application for Shared Help will be declined

How to Obtain an IRS Verification of Non-Filing Letter

- ❖ An IRS Verification of Non-filing Letter provides proof that the IRS has no record of a filed Form 1040, 1040A or 1040EZ for the year you requested.
- ❖ Go to the IRS Website: www.irs.gov/get-transcript
- ❖ Follow the on-screen prompts to confirm your identity
- ❖ Select “Verification of Non-Filing Letter” and the last filing year
- ❖ If successfully validated, you will be able to view and save the document

Below are the transcripts and years available.

Return Transcript
2019
2018
2017
2016

Account Transcript		
2019	2018	2017
2016	2015	2014
N/A	N/A	N/A
N/A		

Show Less -

Record of Account Transcript
2019
2018
2017
2016

Wage & Income Transcript
2019
2018
2017
2016

Show All +

Glossary

Return Transcript
Tax Return Transcripts show most line items from your tax return (Form 1040, 1040A or 1040EZ) as it was originally filed, including any accompanying forms and schedules. This transcript does not reflect any changes you, your representative or the IRS made after you filed your return. In many cases, a Return Transcript will meet the requirements of lending institutions offering mortgages and student loans.

Record of Account Transcript
Record of Account Transcripts combine the information from tax account and tax return transcripts.

Account Transcript
Tax Account Transcripts provide any adjustments either you or we made after you filed your return. This transcript shows basic data, including marital status, type of return filed, adjusted gross income and taxable income.



SHARED HELP DISCOUNT PROGRAM

Shared Help Discount Program Application

Patient Name: _____

DOB: _____

Partner Name: _____
(if applicable)

DOB: _____

Applicant(s) Certification

- ❖ I/We understand that an application for assistance from the Shared Help Discount Program does not guarantee that a discount will be provided.
- ❖ I/We understand eligibility for the Shared Help Discount Program is subject to approval under the criteria and requirements set forth herein and that SGF reserves the right to change or terminate without prior notice.
- ❖ I/We agree to abide by this certification and authorization throughout my participation in the Shared Help Discount Program, and to notify SGF if aspects of my/our certification and authorization are no longer applicable or accurate.
- ❖ I/We authorize SGF to contact me directly, if necessary, by phone or the patient portal, to process this application, and I/we agree to provide such additional information as requested.

Patient Signature

Date

Partner Signature
(if applicable)

Date