



## Medical Travel Assistance Program

Families may need to travel long distances to consult with medical professionals who are knowledgeable about MPS and related diseases. The Medical Travel Assistance Program (MTAP) helps fund out of town travel costs for such non-recurring medical appointments. MTAP may reimburse up to \$500 per affected individual per 12 month period in transportation costs for member families traveling to a medical appointment more than 200 miles from their home.

Reimbursable expenses include air, train, or bus fares, rental car, airport parking, and transportation to and from the medical facility or appropriate mileage at the current IRS rate. Only coach airfares are eligible for reimbursement. A copy of the ticket invoice and other original travel receipts are required for reimbursement. Verification of attended medical appointment must be included. Please read program guidelines for complete details.

The MTAP is a three-step process. In Step 1, the applicant will submit an application to request funding for a future appointment. The Society will notify applicant if funding has been approved. In Step 2, the approved applicant will attend the medical appointment and have the verification form signed by the medical professional. In Step 3, the approved applicant will submit the completed reimbursement request and verification forms along with the travel receipts to obtain reimbursement.

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### Program Guidelines

- 1) Only parents/legal guardians of an affected individual or an affected adult who reside in the United States and are members in good standing are eligible for funds from MTAP. The definition of “good standing” is:
  - membership dues are satisfied for the current year
- 2) Strictest confidentiality regarding application, names and funding will be maintained by the Society.
- 3) Funds will be made available only for transportation expenses related to non-recurring medical appointments requiring travel more than 200 miles from your home. Expenses for routine medical appointments are not covered under MTAP. (e.g. travel expenses for weekly, monthly, or other ongoing treatments or therapies.)
- 4) Funding will be provided for the individual with MPS or a related disease and one parent/legal guardian or one travel companion.
- 4) The applicant must provide verification of attendance of the medical appointment by having the Verification Form signed by the treating medical professional.
- 5) Application for assistance should be made in advance of the appointment. However, special consideration may be provided in unusual circumstances where the cost has already been incurred.
- 6) Grants for MTAP may be requested up to a maximum of **\$500.00** per affected individual per 12-month period, dependent on available funds. Multiple grants may be submitted, not to exceed **\$500.00** funded in a 12- month period.

- 7) The MTAP is a three-step process. In Step 1, the applicant will submit application to request funding for a future appointment. The Society will notify applicant if funding has been approved. In Step 2, the approved applicant will attend the medical appointment and have the verification form signed by the medical professional. In Step 3, the approved applicant will submit the completed reimbursement request and verification forms along with the travel receipts to obtain reimbursement. Special consideration may be provided in unusual circumstances where the cost has already been incurred. If requested, up to 50% of approved funding may be reimbursed to member in advance of appointment travel.
- 8) Funding must be requested within 30 days of approved appointment date. If all required paperwork is not submitted within 30 days, the MTAP funding will be forfeited.
- 9) The Society will issue a letter to the applicant indicating whether the application has been approved or denied and the amount of funding granted, if any.

#### **Application Review**

- 1) Application (Step 1) will be reviewed once all of the required documentation is received.
- 2) The Society will issue a letter to the applicant indicating whether the application has been approved or denied and the amount of funding granted, if any.
- 3) Reimbursement Request (Step 3) will be reviewed and funding made once all of the required documentation (Step 2 verification form signed by medical professional, Step 3 reimbursement request and receipts) are received. Funding request must be received within 30 days of appointment.
- 4) Payment will be mailed to the approved applicant.
- 5) In the event that funds budgeted for the current year are depleted, the MTAP will not accept additional applications that year. Applications will be accepted and reviewed after January 1 for appointments occurring in the new year.



National  
**MPS**  
Society

Support for Families. Research for a Cure.

## Medical Travel Assistance Program

### Step 1—Approval Process

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of Individual with MPS or Related Disease \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Birth \_\_\_\_\_

Appointment date/time \_\_\_\_\_ Medical Facility \_\_\_\_\_

Medical Facility Address, State, Zip \_\_\_\_\_

Medical Professional \_\_\_\_\_ Specialty \_\_\_\_\_

Briefly state why it is necessary for you to travel to this appointment.

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What other resources are available to assist with travel cost associated with this trip?

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Have you applied for funding assistance with any other sources? Please list sources and funding if awarded.

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# Step 1—Approval Process (continued)

## Estimated Expenses

\$ \_\_\_\_\_ Air/train/bus fare Reimbursement (coach tickets only)

\$ \_\_\_\_\_ Round Trip Mileage Reimbursement (mileage will be determined using Bing Maps Driving Directions and reimbursed at the current IRS rate)

\$ \_\_\_\_\_ Rental Car Expense

\$ \_\_\_\_\_ Other Transportation Expenses associated with travel: parking, transportation to/from medical facility etc.

**\$ \_\_\_\_\_ Total reimbursement requested (not to exceed \$500)**

*The National MPS Society will notify you with funding decision. If approved, you must submit the verification and reimbursement request forms as well as the actual travel receipts to be reimbursed.*

**I hereby certify that the information contained in this application is accurate and up-to-date. I further certify that I have read the MTAP Application Guidelines and I understand that I must abide by these guidelines to be considered for the award.**

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

*Please contact the Society at [laurie@mpsociety.org](mailto:laurie@mpsociety.org) if you have questions regarding reimbursable expenses, or if you need assistance with this application*



# Medical Travel Assistance Program

## Step 2—Verification Form

To be completed by Medical Professional: Please Print

Name of Individual with MPS or Related Disease \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Birth \_\_\_\_\_

Appointment date/time \_\_\_\_\_ Medical Facility \_\_\_\_\_

Medical Facility Address, State, Zip \_\_\_\_\_

Medical Professional \_\_\_\_\_ Specialty \_\_\_\_\_

This is to verify an onsite visit by the above listed patient for the following medical reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Medical Professional Signature**

\_\_\_\_\_  
**Date**



## Medical Travel Assistance Program

### Step 3—Reimbursement Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of Individual with MPS or Related Disease \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Birth \_\_\_\_\_

Appointment date/time \_\_\_\_\_ Medical Facility \_\_\_\_\_

Medical Facility Address, State, Zip \_\_\_\_\_

Medical Professional \_\_\_\_\_ Specialty \_\_\_\_\_

#### Actual Expenses

\$ \_\_\_\_\_ Air/train/bus Fare Reimbursement\* (coach tickets only)

\$ \_\_\_\_\_ Round Trip Mileage Reimbursement (mileage will be determined using Bing Maps Driving Directions and reimbursed at the current IRS rate)

\$ \_\_\_\_\_ Rental Car Expense\*

\$ \_\_\_\_\_ Other Transportation Expenses\* associated with travel: parking, transportation to/from medical facility etc.

\$ \_\_\_\_\_ **Total reimbursement requested (not to exceed \$500)**

**\* Receipts must be included for reimbursement**

*Reimbursement must be requested within 30 days of approved appointment. If request is not made within 30 days, funding will be forfeited.*

*Verification form must be signed by the medical professional to receive reimbursement.*

**I hereby certify that the information contained in this Reimbursement Request is accurate and up-to-date and that I have not and will not receive reimbursement for submitted expenses from other sources. I am submitting the signed Verification Form and actual travel receipts with this request. I further certify that I have read the MTAP Application Guidelines and I understand that I must abide by these guidelines to receive the award.**

Signature of Applicant

Date

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