



# The Help for Healing Fund

## "EVERYONE'S HEALTH MATTERS"

The Natural Care Center at Maryland University of Integrative Health is a premiere regional integrative healthcare center that provides affordable, exceptional, personalized, and relationship-centered healthcare to the greater community. The Center serves as the primary location for the University's faculty-supervised teaching clinics, which allows graduate students to gain experience while simultaneously serving healthcare needs of the general public at a reduced cost.

Because we believe that everyone's health matters, the Center is committed to providing affordable healthcare options to patients and clients. The Help for Healing Fund was established to assist low-income individuals with special needs related to their healthcare. Through the compassion and generosity of our donors, the fund is able to benefit eligible patients and clients who receive care through the University teaching clinics.

Through our teaching clinics, you receive highly effective and compassionate healthcare services from graduate clinical interns under the supervision of our licensed or certified clinical faculty supervisors. University teaching clinics offer healthcare services in naturopathic medicine, acupuncture, Chinese herbs, holistic nutrition and yoga therapy.

Before considering any of our teaching clinic services, please read all the information to ensure you meet the eligibility criteria.

## ELIGIBILITY CRITERIA FORM

Please complete the following information and return it to the Natural Care Center to determine eligibility for a reduced fee. The Help for Healing Fund was established to assist low-income individuals who are at 200 percent of the poverty level or below. Should your income change, you are responsible for providing updated proof in the respective areas. Please allow 7 business days to process application before notification.

### General Information

Date of Application: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Insurance Policy Information

#### PRIMARY

Insurance: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Patient: \_\_\_\_\_

#### SECONDARY

Insurance: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_M\_\_\_\_F Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

### How were you referred?

Student clinical intern? If so, name of student: \_\_\_\_\_

Other, please specify: \_\_\_\_\_

### Please request one preferred therapy below:

☐ Naturopathic Medicine ☐ Acupuncture ☐ Chinese Herbs ☐ Holistic Nutrition ☐ Yoga Therapy

• A patient/client will be allowed up to the following number of visits with one practitioner:

- ☐ 4 visits with a supervised **Nutrition** faculty supervised clinical intern
- ☐ 5 visits with an **Acupuncture** faculty supervised clinical intern
- ☐ 4 visits with **Chinese herbs** faculty supervised clinical intern
- ☐ 4 visits with a **Yoga therapy** faculty supervised clinical intern
- ☐ 4 visits with a **Naturopathic** doctor

## Eligible Criteria

Please provide proof of ID and one of the following documents:

- W-2 withholding statement
- 1 month of most recent pay check stub or letter of salary
- Pension
- If you're married, please bring your spouse's pay stub
- Income eligibility forms from Medical Assistance
- Temporary Disability Assistance Program (TDAP) award letter
- Verifiable income assistance documentation (federal or state)

Household Members (Applicant, Spouse and Dependents under 18)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Yearly Household Income before taxes (include income for all counted above): \$ \_\_\_\_\_

Note: Include income for all members of the household from all sources including gross wages, tips, social security, disability, pension, annuities, net business or self-employment, unemployment and public aid.

I certify that the documentation above is correct to the best of my knowledge. I understand that if this information is determined to be false, I may be required to pay for any charges previously covered by the Help for Healing Fund at the Natural Care Center. A Help for Healing Fund application is valid for 1-year from the effective date unless there is a change of income. Only one discipline may be funded per year. All payments are due at the time of service. All appointments must be cancelled at least 24 hours in advance. A "no show" may leave you ineligible for our services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LOCATION

Maryland University of Integrative Health  
Natural Care Center  
7750 Montpelier Road, Laurel, MD 20723

If you think you qualify for these services and discounted fees, please call the Natural Care Center from 9 a.m. to 7 p.m. at 410-888-9048 ext. 6614. We can discuss the possibility of receiving our services.