

Mia's Miracles Financial Assistance Fund Disclaimer

The Mia's Miracles Financial Assistance Fund is an exclusive program and fully funded by Mia's Miracles in collaboration with our non-profit service partner, Patient Advocate Foundation.

Mia's Miracles Financial Assistance Fund provides financial assistance to patients under 18 years of age who have been diagnosed with brain cancer and who are in active treatment. In order to qualify for financial assistance from the Mia's Miracles Financial Assistance Fund, the patient must (1) have been diagnosed with brain cancer and under the age of 18; (2) be in active treatment (3) meet the financial eligibility requirements. The Mia's Miracles Financial Assistance Fund provides a grant award to assist patients with expenses related to transportation, lodging, housing, utilities, childcare, nutritional needs and wage loss related to the patient's treatments.

Qualifying patients are provided a one-time grant at the time they are approved for assistance from the Mia's Miracles Financial Assistance Fund. Financial assistance is provided on a first come, first served basis to the extent the Financial Assistance Fund has the capacity to provide assistance. Enrollment in the Mia's Miracles Financial Assistance Fund, and receipt of the one-time grant, is a gift to the enrollee, based on the availability of funding, and conditioned on use of the financial assistance for expenses related to lodging, housing, utilities, childcare, nutritional needs and wage loss. PAF has no contractual obligation to provide such assistance to qualified enrollees.

Eligibility Assistance from the Mia's Miracles Financial Assistance Fund is not dependent on the use of a particular drug, particular supplies, or particular provider or suppliers and patients are free to switch drug therapies, treating physicians, pharmacies, and suppliers at any time without affecting their continued eligibility for assistance.

Mia's Miracles Financial Assistance Fund reserves the right to request additional information to verify compliance with program eligibility guidelines. Failure to provide the requested information may result in the closure of the application for assistance. Additionally, if at any time it becomes evident that information has been provided under false pretense the eligibility process for assistance will be terminated.

The Mia's Miracles Financial Assistance Fund is administered by Patient Advocate Foundation ("PAF") for The Mias's Miracles Foundation. Patients' contact information may be used in the future to share printed and/or electronic communications from PAF or the Mias's Miracles Foundation. If the patient does not wish to receive print and/or electronic communications from PAF or Mia's Miracles, he/she may contact the program at 888-820-9767 and request to have his/her contact information removed from the mailing list.

Patient data collected through the application process may also be used in de-identified aggregated reports. This means that information and data patients provided to the Mia's Miracles Financial Assistance Fund during the enrollment process may be combined with other patients' data to prepare reports analyzing patient needs. The Mia's Miracles Financial Assistance Fund will only use de-identified patient data externally, i.e., patient data where all identifying data terms like the patient's name, identifying numbers, etc. have been removed. The Mia's Miracles Financial Assistance Fund will always protect all patient information and adhere to the Patient Privacy Policy. A copy of the Patient Privacy Policy can be accessed on the Patient Advocate Foundation website: <https://www.patientadvocate.org/privacy-policy/>

By accepting a grant from the Mia's Miracles Financial Assistance Fund patients are attesting that they agree to use the grant funds only for eligible expenses. The Mia's Miracles Financial Assistance Fund reserves the right to request documentation from patients demonstrating that the grant funds have been used appropriately.

We provide free communication aids and services to anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To receive language translation assistance free of charge, please call us at 1-888-820-9767. To receive communication assistance, dial 711 and provide the TTY relay service with the following number 1-888-820-9767.