

Proof of Stroke Diagnosis Document

Use this guide while filling out your Survivor Fund application.

You do **not** need to fill out, sign, or submit this guide. Only upload the documents requested in the application.

Please provide one medical document that confirms the stroke survivor's diagnosis.

You will need ONE medical document that shows:

- Stroke survivor's full name and date of birth
- Stroke diagnosis (e.g., Stroke, Cerebrovascular Accident (CVA), Cerebral infarction, Intracerebral hemorrhage (ICH), Subarachnoid hemorrhage (SAH)) - Note: These are examples only. Your diagnosis may be written differently.
- Date of the stroke
- The name or signature of a medical professional, **or** clear proof that the document came from a healthcare system

Examples of documents we accept:

- After-visit summary
- Hospital discharge paperwork
- Letter from a doctor or other medical professional
- Patient portal record showing the stroke diagnosis
- Other medical records that include all of the information listed above

Before uploading: Make sure the document includes the survivor's name, date of birth, stroke diagnosis, and stroke date. If something is missing, we may ask for another document.

Questions about which document to upload? Contact us at survivorfund@thestrokefoundation.org before submitting your application.



Proof of Insurance Coverage or Denial Document

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Important: The Survivor Fund only pays for **outpatient** physical, occupational, speech, vision, music, and auditory therapy. Any insurance document you submit must be about the outpatient therapy you are requesting.

OPTION 1 • THE STROKE SURVIVOR DOES NOT HAVE HEALTH INSURANCE

No documentation is required. Select this option on the application if the stroke survivor does not currently have health insurance.

OPTION 2 • OUTPATIENT THERAPY BENEFITS HAVE RUN OUT

Upload **ONE document** showing there are no covered visits or benefits left for the outpatient therapy being requested.

- A letter or notice from the insurance company showing that outpatient therapy visits or benefits have been used up
- An Explanation of Benefits (EOB) or insurance portal record showing that no covered outpatient therapy visits remain
- A letter from the therapy provider stating that the stroke survivor has used all outpatient therapy visits covered by insurance

OPTION 3 • INSURANCE DOES NOT COVER THE OUTPATIENT THERAPY

Upload **ONE document** showing that insurance will not pay for the outpatient therapy being requested.

- A letter or denial from the insurance company showing that outpatient therapy is not covered
- An insurance portal record showing that the outpatient therapy is not covered
- A letter from the therapy provider stating that the provider does not accept the stroke survivor's insurance

Important: We can only accept proof about outpatient therapy.

We cannot use a denial or coverage limit for inpatient rehabilitation, a skilled nursing facility (SNF), a hospital stay, home health therapy, or other inpatient or residential care.

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Proof of Financial Need Document

Use this guide while filling out your Survivor Fund application.

You do **not** need to fill out, sign, or submit this guide. Only upload the documents requested in the application.

Start with Box A. If the stroke survivor does not have any of the documents in Box A, use Box B or Box C based on their situation.

BOX A • IF YOU HAVE ONE OF THESE DOCUMENTS

Upload **ONE** of the following with the application:

- Most recent federal tax return
- Most recent pay stub **dated within the last 3 months**
- Employment termination letter showing when your job ended
- Current Social Security, SSI, or SSDI benefit letter
- Current unemployment benefit letter
- Current approval letter for an income-based public benefit, such as Medicaid, SNAP, TANF, or housing help
- Current pension, retirement, VA disability, or workers' compensation benefit letter that shows the amount you receive

BOX B • IF NONE OF THE BOX A DOCUMENTS ARE AVAILABLE

Upload **TWO** of the documents below. At least **ONE** must come from another person or organization.

- **IRS Verification of Non-Filing Letter** — Free from the IRS. Go to IRS.gov, search "Get Transcript," and request a Verification of Non-Filing Letter.
- **Letter from an employer or person who pays you for work** that says what work you do, about how much you are paid, and how often you are paid.
- **Letter from a social worker, case manager, hospital financial counselor, doctor, therapist, or other healthcare professional** who is familiar with the stroke survivor's financial situation. The letter should briefly explain the financial hardship and why help paying for therapy is needed. It should include the professional's name, title, contact information, signature, and date.
- **Hospital or health system letter** showing you were approved for charity care or financial help.
- **Letter from a shelter, nonprofit, or community program** that is helping you because of financial need.

BOX C • IF A FAMILY MEMBER PROVIDES FINANCIAL SUPPORT

Use this box if a family member pays most or all of the stroke survivor's basic expenses.

- **If the stroke survivor is listed as a dependent on the family member's taxes:** Send the most recent federal tax return that lists the stroke survivor as a dependent.
- **If the stroke survivor is NOT listed as a dependent:** Send BOTH of the following:
 - One Box A document for the family member providing financial support; **AND**
 - A letter from a social worker, case manager, doctor, therapist, or other healthcare professional stating that the family member provides financial support for the stroke survivor.

Important: Please do not send bank statements unless The Stroke Foundation asks for them. The Stroke Foundation may ask for more information if the documents do not clearly show financial need, and we may contact the person or organization that provided a letter.

Questions about which document to upload? Contact us at survivorfund@thestrokefoundation.org before submitting your application.