



NATIONAL MULTIPLE SCLEROSIS SOCIETY FINANCIAL ASSISTANCE AGREEMENT

900 S. Broadway 2nd Floor Denver, CO 80290
Phone: 1-800-344-4867 Fax 303-698-6130

The undersigned hereby agree as follows:

(“Client”) requests financial assistance from the
National Multiple Sclerosis Society (“Society”)

For the following goods or service:

After assessing the resources available to the Client and exploring alternative sources of funding, the Society agrees to provide financial assistance to the Client subject to the terms and conditions of this Agreement.

* The Society will provide financial assistance as follows:

Terms of Payment:

Dollar Amount:

Paid To:

Please enter the following information, if known, at the time of entering into the Agreement. Additionally, if proof of licensure or certification is required, please provide to the Society as soon as possible in order to prevent delays in issuing payment.

Name of Provider:

Provider Address:

City:

State:

Zip:

Phone:

*

Whenever possible, the Society will pay the good or service provider directly and will send a 1099 to the Provider each year, as well as to the state and federal governments. In cases where the Society reimburses the Client for the goods or services rendered, the 1099 will be sent to the Client each year, as well as to the state and federal governments. The Client or Provider must submit to the Society proof of the amount due as well as any relevant supporting documents before payment will be issued. Checks will be mailed within 30 days of the payment request.

This Agreement shall be valid from _____ (“Effective Date”)
through _____

The term may only be extended by written agreement of the Client and the Society. The Society and the Client have the right to terminate this Agreement on two weeks’ notice at any time. Payments that extend beyond one month are subject to the Society’s overall availability of funds for Direct Financial Assistance.

For any professional service or provision of goods that require licensure or certification, the Society will only make payment if the Provider of the goods and services submits proof of insurance and/or licensure or certification to the Society. Additionally, the Society strongly recommends that the Client select a Provider that carries the appropriate liability insurance (General liability and or Professional Liability insurance) in order to protect the Client.

- * The Society may provide a list of local Providers to the Client upon request. The list is for informational purposes only and the Society does not endorse products, services or manufacturers. Such names are provided to the Client solely because they are considered helpful information.
- * The Society assumes no liability for the Client's use of any product or service mentioned. The Society does not independently verify whether the information provided by each service provider is accurate.
- * Client agrees to indemnify, defend, release and hold the Society, its directors, officers, employees, agents and chapters harmless from and against any and all claims and demands arising out of or in connection with the Client's purchase and use of the goods and/or services outlined above. This section does not apply to the extent that the liability relates to the Society's failure to make payment to the Provider or Client as outlined in this Agreement.

IN WITNESS WHEREOF, the Client and the Society have hereunto executed the Agreement as of the Effective Date. By signing, the Client is agreeing to the following statement: I certify that the information I have provided to the Society both verbally and as part of this agreement is true and accurate.

Client Name

Society Representative Name

Client Signature

Society Representative Signature

Date

Date

Client Name

Client Address

Client Phone