MIRACLE FLIGHTS

Basic Information

Following are the forms needed to arrange a flight for your family.

All documents must be received at least 10 business days prior to the requested departure date.

New blank forms must be completed for each new flight request.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL FORMS ARE COMPLETED AND RECEIVED IN OUR OFFICE IN ORDER TO RECEIVE ASSISTANCE.

- **Flight Request:** Form must be completed **entirely**. Do not leave any spaces blank. Be sure to include exact date(s) and time(s) of appointment(s), length of stay, and airports of origin and destination. Provide alternative airports and try to be flexible with your request.
- **Waiver of Liability:** Must be signed by **all** passengers prior to the flight. Infants, children, and those unable to sign their own name must have a parent/guardian do so on their behalf. Document full names as shown on government-issued identification.
- **Income Certification:** Form must be updated with each flight request and include the **entire gross annual** household income from all sources combined. A copy of the first two pages of the most current 1040 federal tax return form and/or SSI, SSDI statements must also be submitted.
- **Medical Appointment Confirmation Letter:** Documentation of confirmed appointments must be received from the patient's treating MD, DO, or PA-C. ***See Form D for submittal options.*** Documentation of appointments must be dated and signed.
- **Current photograph of the patient** and **brief description of the medical need are required.** These must be received with the other required documents to be considered for a flight. Email to flightspecialist@miracleflights.org.
- **Birth Certificate of the patient.** This is required for patients under age 18 only.

Miracle Flights will consider requests to fly a child, age 17 and younger and, when possible, both parents, or legal guardians. An adult patient, age 18 and over, may be accompanied by one caregiver if there is a medical necessity for the patient to travel with a caregiver, and the reason for the medical necessity is documented by either the local or treatment site physician, or both.

Your flight will not be scheduled until all completed documents are received. It is the parent's responsibility to ensure that all documents are received within the required timeframe. If you have any questions, please call Miracle Flights at 702-261-0494 or 800-359-1711.

Flight Request

5740 S. Eastern Avenue, Suite 240
Las Vegas, NV 89119
Phone (702) 261-0494 / 800-359-1711 ✈ Fax (702) 261-0497
www.miracleflights.org

Form A

All documents must be received at least 10 business days prior to requested departure date.

PATIENT INFORMATION **PLEASE PRINT OR TYPE – ALL INFORMATION MUST BE PROVIDED**

Today's Date	Last Name	First Name	Date of Birth	Age	Sex

Address	City	State	County/Parish	Zip Code

Home Phone	Business Phone	Cell Number	Email Address
( )	( )	( )	

PARENT or LEGAL GUARDIAN INFORMATION

Name	Address	Phone Number	Relationship to Patient
		( )	
Name	Address	Phone Number	Relationship to Patient
		( )	

TREATMENT SITE PHYSICIAN INFORMATION (MD, DO, or PA-C)

Physician Name	Phone Number	Fax Number
	( )	( )

Treatment Facility Name	Treatment Facility Address

MEDICAL CONDITION:

Diagnosis	Type of Treatment

How did you hear about us? ☐ **Local Physician** ☐ **Treatment Site Physician** ☐ **Social Worker** ☐ **Internet**
☐ **Another MFFK Family** ☐ **Previously Used** ☐ **Miracle Flights' Community Outreach Representative**
☐ **Other (specify source):** _____.

****

PROGRAM REQUEST TYPE: ☐ **Medical Flight** ☐ **Service Dog Training**

PLEASE READ CAREFULLY AND SIGN. *FLIGHTS CANNOT BE ARRANGED WITHOUT THIS SIGNATURE*

I, _____ (parent or legal guardian), am aware that free commercial flights arranged by Miracle Flights are charitable in nature and therefore may occur during **off-peak hours** and may include **stopovers and/or plane changes**. I also understand that flights can only be arranged according to Miracle Flights' guidelines, as follows:

Children Age 17 and Under: **Miracle Flights will consider requests to fly the child and parent/legal guardian.**

Adult Age 18 and Over: **Miracle Flights will consider requests to fly an adult patient, and adult caregivers will be considered on a case by case basis, contingent upon available funding.**

I am aware that any other accompanying parties are responsible for their own flight arrangements and understand that these flight arrangements may or may not be compatible with the flight arranged for me by Miracle Flights.

Signed _____ on this date _____, 2019.

Name(s) of person(s) who will accompany patient:	Address	Phone Number
		( )

Airport of Origin	Alternate Airport	Destination Airport	Alternate Airport

Departure Date (1 day prior to first appt.)	All Appointment/Recovery Dates	Return Date (1 day following final appt./ recovery date)

Special Requirements (oxygen / Y or N) (wheelchair / taking own / Y or N – request at airport / Y or N)

Waiver of Liability

ALL PASSENGERS MUST SIGN A WAIVER OF LIABILITY.
WAIVERS MUST BE ON FILE PRIOR TO FLIGHT SCHEDULING.

Form B

In consideration of their providing financial assistance for air travel at no cost and solely for my/our benefit, I/we, the undersigned, do hereby release the nonprofit ***MIRACLE FLIGHTS*** and commercial airlines fully and without reservation from any and all claims whatsoever of culpability, responsibility, fault and liability for any inadvertent and/or accidental occurrence which may result in personal injury or property damage or other effect, during all times that I am/we are passengers in the act of boarding, while aboard, or in the act of deplaning an aircraft provided by said ***MIRACLE FLIGHTS*** and commercial airlines:

Furthermore, I/we do herewith unequivocally waive and deny, for myself/ourselves and all my/our assigns, any and all rights to pursue any action against said ***MIRACLE FLIGHTS*** for any action or inaction executed by them in good faith. _____ **(initial)**

I further hereby release ***MIRACLE FLIGHTS*** to use photographs, reproductions, video tapes, recordings, or endorsements of/by me and/or my child for publicity or any other purposes. _____ **(initial)**

It is also my responsibility to have the patient's physician notify Miracle Flights office of any change in patient medical status. _____ **(initial)**

*** ENTER ALL NAMES AS SHOWN ON GOVERNMENT ISSUED IDENTIFICATION ***

Patient Printed Name (**as shown on government issued identification**)

Patient Date of Birth (MM/DD/YY) Gender (M/F)

Patient Signature **(If minor, by parent/guardian)**

Date Signed

Parent/Caregiver Printed Name
(**as shown on government issued identification**)

Parent/Caregiver Date of Birth (MM/DD/YY) Gender (M/F)

Parent/Caregiver Signature

Relationship to Patient Date Signed

Parent/Caregiver Printed Name
(**as shown on government issued identification**)

Parent/Caregiver Date of Birth (MM/DD/YY) Gender (M/F)

Parent/Caregiver Signature

Relationship to Patient Date Signed

The following information will be used in reporting demographic statistics to various foundations and government agencies **and will not be used to determine who is eligible to receive our services.** In the case where a child (prenatal to 18 years old) is being transported, the marital status/other categories apply to the parent or guardian.

PATIENT **ETHNICITY:**

❒ White ❒ Asian
❒ Black ❒ Asian/Pacific Islander
❒ Hispanic ❒ Am. Indian/Alaskan Native
❒ Other _____

PATIENT **MARITAL STATUS:**

❒ Single ❒ Divorced
❒ Married ❒ Widowed ❒ Child

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www.miracleflights.org

MIRACLE FLIGHTS

Income Certification

Form C

This form must be submitted to Miracle Flights prior to ticketing. Fraudulent statements or representation shall be considered sufficient cause for denial of service.

I, _____ (print name) hereby acknowledge financial assistance for air travel will be provided to me by MIRACLE FLIGHTS and certify that our **total gross family/household income** from all sources is $_____ **per year** and my family size consists of _____ person(s).

Eligibility is determined by total family income and size.

***MUST ATTACH PROOF OF INCOME (Federal IRS Form 1040, SSI and/or SSDI statements, child support income).**

_____ Date_____
Signature

_____
Employer / Other Source of Income (SSI, SSDI, child support., etc.)

MILITARY SERVICE (check one): ❒ N/A ❒ ACTIVE ❒ VETERAN

MILITARY MEMBER (check one): ❒ PATIENT ❒ MOTHER ❒ FATHER ❒ SPOUSE

I, _____(print name), understand that the airline tickets are provided at no cost to me and/or my family by Miracle Flights. Therefore, any change or cancellation not pre-approved by Miracle Flights is my financial responsibility, and my credit/debit card will be charged.

Check appropriate box: ☐ **MasterCard** ☐ **Visa** ☐ **American Express** ☐ **Discover**

_____ _____ _____
(Card Number) (Expiration Date) (CVV2 3 Digit Code)

X_____ **Date:** _____
(Signature of Card Holder)

Miracle Flights reserves the right to alter policy in exceptional circumstances.

****Penalty for false fraudulent statement: U.S.C. Title 18, Sec. 1001 provides: "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes false, fictitious or fraudulent statements or representation or makes or uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both."**

I acknowledge that I have read and understand the above by initialing in the space: _____

Form D

Miracle Flights Medical Appointment Confirmation

Documentation of all scheduled appointments/recovery/return dates must be confirmed by the treating physician for flight processing.

Documentation may be submitted using either of the following methods:

1) Submit a typed form letter signed by the treating physician on the treating physician's letterhead that includes the information listed below and submit via fax or email.
2) Submit an email originating from the treating physician that provides the required information below, which may be electronically signed and submitted directly from the treating physician's email address.

An RN, LPN, or LCSW may sign on behalf of the treating M.D., D.O., or PA-C as long as the signature block bears the name and credentials of the M.D., D.O., or PA-C.

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- Date
- Name of Patient
- Name of Treating Physician(s)
- Name of Treatment Facility
- Patient's Medical Diagnosis/Condition
- Type of Treatment
- All Appointment Date(s)
  [**Document all appointment dates, dates through which recovery is required, if surgery, and discharge date.]**
- Return Date [**day following final appointment or discharge date]**
- If an adult patient, is a caregiver required for medical reasons?
- Medical Reason for Caregiver
- Is Oxygen Required? [Confirm Yes or No] If Yes, please provide the following information:
  Rate of Flow
  How administered (i.e. via nasal canula)
  Oxygen Requirement (liters per minute)
  In-flight Requirement [During all phases of flight; Taxiing; Take-off; Landing]
  Name brand of oxygen concentrator [**patient must provide concentrator and oxygen for flight]**

NATHAN'S STORY

Our son, Nathan, was presumably healthy at birth, but our assumption was changed a couple of weeks later when he was admitted to the hospital for respiratory distress symptoms and later diagnosed with hypotonia (low muscle tone). It was a long few months while Nathan's numerous sub-specialists tried to fit the pieces of his growing list of symptoms together to figure out what was happening in his little body.

Right before Nathan turned 1, he was diagnosed with Mitochondrial Disease through extensive testing on his muscle that had previously been biopsied. He currently suffers from abnormalities and issues in numerous organ systems in his body. While there is currently no cure or defined treatment for mitochondrial disease, we have found an incredible neurologist who specializes in this disease and has set up a mitochondrial clinic in Houston, TX. With many doctors not aware of the cutting edge and ever-changing information and treatments for children with mitochondrial diseases, it has been incredibly helpful and important to have Nathan's care overseen by the doctors in the mitochondrial clinic in Houston.

We are incredibly thankful to the Miracle Flights organization in helping shuttle families across the country to get the care needed for their children. When having a child with a chronic illness, the medical bills, medication lists, and travel expenses can add up exponentially over time. Thank you, Miracle Flights, for easing this burden.

Nathan's parents
Florida

<u>Miracle Flights provided financial assistance for Nathan to fly to Texas for treatment.</u>

As he grows, Nathan will need many more flights.
Please Help Nathan…. Donate Today!

MIRACLE FLIGHTS