



## Maryland Fund For Horses

### "Horse Bucks" Equine Health Care Assistance

#### Frequently Asked Questions & Answers

**Summary:** The MFFH Equine Health Care Assistance Program is a **rebate program** designed to assist horse/equine owners who demonstrate financial need with the cost of necessary health care for their equines. Rebates will be issued to cover actual, documented out-of-pocket expenses incurred by the horse/equine owner. **NOTE: Requesting assistance with a routine castration ("gelding")? Complete the simpler "Horse Bucks Equine Gelding Program" application instead of this application.**

**How will it be funded?** MFFH conducts fundraising activities for a fund specifically earmarked for this purpose, and the Board of Directors at its discretion may earmark additional operating funds for this purpose.

**Who will qualify for rebates?** Individual equine owners may apply for a rebate. An Equine Health Care Assistance Committee will review applications for completeness and documentation of expenses and financial need, and will grant rebates **to the extent that funds are currently available**. For routine health care, applications will be reviewed and approved on a first-come, first-served basis. Requests for emergency funds may be considered outside of the normal queue under special circumstances.

**Who will not qualify for rebates?** Commercial entities of any kind, including breeders and rescues are ineligible to apply for a rebate. Individuals who have previously been convicted of animal cruelty or neglect are not eligible to participate in the rebate program. While rescues may not apply, individuals who can produce satisfactory evidence that they have contracted with a rescue to adopt a horse may apply for and receive a rebate for the adoptable equine while the animal is still housed at the rescue.

**Who will receive the rebate?** Unless specifically arranged with MFFH, rebate payments **will be issued to the service provider (e.g., veterinarian, farrier, carcass disposal service)** upon submission of a detailed invoice. In situations where the rebate will be issued to the horse owner, MFFH must receive both a detailed invoice and a receipt indicating the applicant's payment amount from the service provider.

**How will horse owners be required to establish financial need?** Equine owners should make use of other financial resources before requesting financial aid via this program. Examples of other financial resources include an existing equine major medical insurance policy, Care Credit, etc. When applying for a rebate, be prepared to commit to how much **you** are prepared to contribute toward the total cost of the procedure. For requests for a rebate of \$500 or less, applicant will submit a written explanation of his/her financial need and how he/she plans to resolve the situation and continue to care for the equine in question. In addition, the applicant will provide contact information for his/her veterinarian, farrier, or other service provider. MFFH will contact references to corroborate the horse owner's need for assistance. For rebate requests over \$500, the applicant may be required to provide additional documentation to confirm the need for financial assistance. For requests over \$1,000, the applicant will be required to submit documentation substantiating current income levels (recent tax return, pay stubs, W-2's, 1099's, public assistance documentation, loss of employment documentation, current student ID, etc. All personal financial information will be kept in strict

confidence and sensitive personal information will be redacted before the documents are reviewed by the committee.

**How often can a horse owner receive a rebate?** In general, rebate recipients will be limited to one lifetime rebate per individual per horse. MFFH may make exceptions in extreme circumstances at its discretion, but may condition the granting of a rebate upon additional criteria and documentation, such as participating in educational programs or donating volunteer hours. Approved rebates expire 90 days after approval.

**What dollar amount of rebates will be issued?** The type and amount of rebate will be dependent upon the health care procedure and each individual's application and circumstances. Rebates can be requested for any type of health care procedure provided by a professional equine health care provider. The following are some general guideline amounts for some of the most common health-care procedures:

- Rebates of up to \$200 will be issued for routine castration
- Rebates of up to \$175 will be issued for euthanasia by pentobarbital injection
- Rebates of up to \$200 will be issued for post-euthanasia disposal
- Rebates of up to \$400 will be issued for cryptorchid surgery

See page 3 for examples of how rebates are calculated.

#### **What else do I need to know?**

- Maryland Fund For Horses reserves the right to amend , revise or cancel the program and its procedures and requirements at any time without advance notice. Any changes will be made prospectively and approved applications and rebates will be honored under the terms in effect when the application was approved.
- All participants in the program will be required to sign a release allowing MFFH to contact references and relieving MFFH of any liability that may be a result from any documentation or personal information obtained in determining eligibility.
- All participants in the program will be required to sign a release relieving MFFH of any liability for the equine health care procedure(s) for which a rebate has been issued.
- To help expedite the processing of your application, please contact everyone who you provided as a reference to let them know that they will be contacted by a MFFH representative in conjunction with your application.
- Applications for rebates should be made prior to the health care service delivery, but in cases of emergency treatment, MFFH will consider rebate applications for services performed up to 30 days prior to the date the application is received, unless there are extenuating circumstances approved by an officer of MFFH.
- After you submit an application, if your rebate is approved you will receive a document via e-mail from Maryland Fund For Horses, indicating your equine's name, the health care procedure and amount approved. You will not be eligible to receive a rebate without this document. If MFFH is unable to grant your request, you will receive a notice via e-mail advising you of that fact, and the reason(s) why your application was not approved.
- Rebates are valid only for the specific health care procedure or service defined in the application, and are valid for one use only. ***All rebate approvals expire after 90 days.***
- **Individuals who wish to request more information or an application should contact Maryland Fund For Horses at [mdfundforhorses@gmail.com](mailto:mdfundforhorses@gmail.com)**

### **Example of How MFFH Calculates Health Care Rebates:**

**Situation:** Your horse needs a medical procedure. You consult with several different veterinarians (and contact MFFH for help if necessary) to obtain the best price quote possible for the procedure. The quote you decide to go with is for \$1,000 to perform the procedure. You submit an application to MFFH indicating that you can contribute \$200 toward the total, requesting a \$800 Horse Bucks rebate. Maryland Fund For Horses sends you an e-mail indicating that they will contribute up to a \$800 rebate for the procedure. This means MFFH has confirmed and earmarked up to \$800 of available Horse Bucks funds for your horse's surgery. Does this mean that MFFH will pay \$800 of the veterinarian's bill, and that your maximum out-of-pocket expense is \$200? Not necessarily. Please read the examples below to understand how rebates are calculated.

- **Example 1:** Everything goes exactly as planned. The veterinarian submits a bill for \$1,000. Maryland Fund For Horses sends payment of \$800 to the veterinarian and you pay the veterinarian for the balance of \$200.
- **Example 2:** Everything goes as planned, but the veterinarian decides to discount the charges for his/her services on behalf of MFFH's charitable involvement, and submits a bill for \$850. Maryland Fund For Horses sends payment of \$650 to the veterinarian and you pay the veterinarian for the balance of \$200.
- **Example 3:** A complication occurs and the final cost of the procedure ends up being \$1,300. Maryland Fund For Horses' share is limited to a maximum of \$800 and pays the veterinarian that amount. You will be responsible for the balance of \$500, unless you can negotiate a reduction in the amount of the charges in excess of \$1,000 with the veterinarian.



## Maryland Fund For Horses Equine Health Care Rebate Program Participant Application

**Requirements for Participation:** This program is designed to assist individual equine owners who need financial assistance with necessary equine care. You must sign the release form below and permit us to make payment directly to the service provider. One rebate per horse per owner. Requests for more than \$200 may require additional proof of your financial condition. Please allow 7-10 days for approval and processing of non-emergency requests. Add an additional page if you need more room for any of the items below.

Your Full Name (first, middle and last name): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Equine's Name: \_\_\_\_\_

Equine's Location: \_\_\_\_\_ Equine's Age: \_\_\_\_\_

Gender (check one): ☐ Mare ☐ Stallion ☐ Gelding Breed (if known): \_\_\_\_\_

Describe the health care for which you are requesting a rebate. **Is this an emergency? (circle) YES / NO**

Cost of Procedure: \_\_\_\_\_ Minus amt. I will contribute: ( \_\_\_\_\_ ) = Rebate requested: \_\_\_\_\_ \*

Name and contact information of service provider, if other than your regular veterinarian or farrier:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you breed equines or own/run an equine business (if yes, describe below): ☐ Yes ☐ No

Have you applied for a MFFH rebate in the past? ☐ Yes ☐ No

Have you ever been convicted of animal cruelty or neglect? ☐ Yes ☐ No

Have you ever been cited for animal cruelty or neglect? ☐ Yes ☐ No If yes, explain below:

### Equine Professional and Reference Contact information (provide all three):

Veterinarian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian e-mail and/or website: \_\_\_\_\_

Farrier/Other name: \_\_\_\_\_ Phone: \_\_\_\_\_

Farrier/Other e-mail or website: \_\_\_\_\_

Personal reference not related to you: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\* Maryland Fund For Horses administers this program to provide financial assistance to horses who have a serious need for medical care. Our resources are limited. You, the applicant, must attach a separate page explaining why you need assistance, including a candid and reasonably detailed explanation of your financial circumstances. If the amount requested is \$1,000 or more, you must also attach your most recent IRS personal income tax return and other proof of current income, such as pay stub, unemployment, Form 1040 Schedule C or other official document**

## Maryland Fund For Horses Health Care Rebate Program

### Participant Agreement and Release of Liability

I understand that by applying for a Maryland Fund For Horses Equine Healthcare Rebate, I am giving Maryland Fund For Horses (MFFH) permission to contact my regular veterinarian and farrier, the health care provider named in my application and any other references named in my application. I hereby give permission for any of the above individuals to provide information to MFFH regarding the equine named in my application, my personal circumstances that have caused me to apply for a rebate and any other information required to corroborate the information I have supplied with my application.

As a participant in this program, I understand and agree to the following:

- 1) It is my responsibility to contact and engage the services of an equine health care provider for the care my equine requires. I am responsible for obtaining detailed information about the service to be provided and negotiating the cost of the service(s) to be provided in advance.
- 2) It is my responsibility to use all other financial resources available to me (e.g., equine major medical insurance, care credit line of credit, savings, etc.) to pay for equine health care before applying for a rebate.
- 3) As with any health care treatment and/or surgery, there are associated risks. As a participant, I agree to discuss any and all associated risks with the equine health care provider in Item #1 above. I also agree that I will not hold MFFH responsible for any outcome resulting from those risks.
- 4) The rebate issued by MFFH is to be used for the specific dollar amount and for the specific equine named in my application, and only for the specific health care service named in the application. I understand that it is my responsibility to pay the service provider any amount in excess of the amount of the rebate.
- 5) If I request additional services from the equine health care service provider, I am responsible for making payment to the health care provider for those additional services.
- 6) If my application is approved, I will be notified via e-mail by MFFH. Rebate approvals expire 90 days after the approval date. I understand that I must submit documentation within the 90 day period in order to receive a rebate payment.
- 7) I understand that in order for MFFH to issue a rebate payment, I must either:
  - a. Have the equine service provider forward a copy of the original invoice to Maryland Fund For Horses, c/o Victoria Carson, 600 Old Westminster Pike, Westminster, MD 21157 so that MFFH may issue payment directly to the service provider – this is MFFH's preferred method of payment, or
  - b. Provide a copy of a paid invoice, including evidence of payment via cancelled check or credit card receipt with the service provider listed as payee. ***This method may only be used for emergencies and I understand that I must make arrangements with MFFH in advance for this method.***
- 8) I certify that all of the information provided in my application is true, correct and complete to the best of my ability.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Day # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_ Best Way/Time to Reach You: \_\_\_\_\_

Return the completed application along with this agreement via email to: [mdfundforhorses@gmail.com](mailto:mdfundforhorses@gmail.com) ATTN: Health Care Rebate Program, MD Fund For Horses. If you prefer to send via mail: Attn: Victoria Carson, 600 Old Westminster Pike, Westminster, MD 21157. ***If sending via U.S. Mail, you must alert us at [mdfundforhorses@gmail.com](mailto:mdfundforhorses@gmail.com) – postal mail is not collected daily.***

***If your request is an emergency, DO NOT SEND via U.S. Mail!***