

# PATIENT REQUEST FOR FINANCIAL ASSISTANCE

United Way of Henry County

Return to:

611 N. Perry Street Napoleon OH 43545 Date: \_\_\_\_\_ Name: Address: Phone: What is the patient's worksite? If retired or not working, what was your last worksite? What is the spouse's worksite? If retired or not working, what was their last worksite? Who provides the patient's health insurance coverage? (For example, worksite, Medicare, Medicaid, or name of insurance company) \_\_\_\_\_\_ This confirms that treatment has been given at: Name of Treatment Center: Signature: (Doctor/Nurse/Attendee at treatment center or doctor's office) Due to the financial burden to myself/family related to the cost of cancer treatment, I/we are requesting financial assistance from the United Way of Henry County.

> 611 N. Perry Street, Napoleon OH 43545 Phone: 419-599-8176 Email – ginny@unitedwayhenry.org

Patient (or parent if minor) Signature

#### FINANCIAL ASSISTANCE FOR CANCER PATIENTS

#### **SERVICE POLICY**

To be eligible for assistance, the cancer patient must be a resident of Henry County (or an individual who resides outside Henry County who is employed at a Henry County worksite that conducts a United Way of Henry County campaign). Assistance is for individuals whose cancer treatment is causing a financial burden on them or their family. Requests for services and all patient records are CONFIDENTIAL. Assistance is not provided to pay for doctors, hospital/nursing home bills, surgery, or any other means of treatment.

### **PATIENT ASSISTANCE**

**DRESSINGS:** Commercially prepared dressings, bed pads, or disposable briefs may be reimbursed up to \$90 over a 12 month period.

**PROSTHESIS:** Total reimbursement for prosthetic items (i.e. mastectomy supplies, wigs) shall not exceed a total of \$100 per patient.

**OSTOMY SUPPLIES:** Reimbursement can be made for up to \$90 over a 12 month period.

**MEDICATIONS:** Patients may receive financial assistance for approved cancer related prescription medications if no other resource is available. Reimbursement can be made for up to \$600 over a 12 month period.

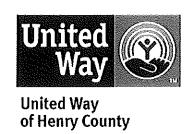
**RADIATION:** Patients may receive a one-time reimbursement for the cost of radiation therapy. United Way of Henry County is able to reimburse you \$200 towards this expense after all insurance has paid (including Medicare/Medicaid). Please submit a Statement of Benefits form from your insurance company that shows what expense the patient is responsible for.

LODGING: Reimbursement can be made for \$75 per night for up to 10 nights.

**NUTRITIONAL SUPPLEMENTS:** Patients may receive reimbursement of up to \$120 over a 12 month period.

(If you need financial assistance for dressings, prosthesis, ostomy supplies, medications, radiation, lodging, or nutritional supplements, contact the United Way of Henry County office.)

**TRANSPORTATION:** United Way of Henry County may assist at the rate of \$.40 per mile for up to \$1,600 over a 12 month period.



## TRANSPORTATION REIMBURSEMENT FORM FOR CANCER TREATMENT

Return to: United Way of Henry County 611 N. Perry Street Napoleon OH 43545

Date:		
Name:		
Address:		
Phone:		
This confirms that treatment		
Name of Treatment Center:		
Address:		
	endee at treatment center or doctor's office)	
	Total miles	
List dates of all round trips b	elow:	
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United Way of Henry County will assist at the rate of \$.40 per mile up to \$1,600.00 for any twelve month period.