Patient Assistance Application

This application must be completed and submitted by a medical professional. The application must include financial documentation and current bills to be paid(with complete payment information.)

Date submitted: _____
Returning grant recipient: YES NO
If YES, what year:_____

Patient Information

Patient Name: _____Patient Phone Number _____

Patient *Mailing* Address:_____
Street City State Zip

Patient Physical Address if different: _____

Date of Birth _____ Gender: Male Female Number of people in Household: _____

Does the Patient have a bank account: No or Yes (if Yes include current statement)

Oncologist/Cancer Specialist: _____ Contact phone: _____

Patient Diagnosis: _____

Patient's CURRENT Monthly Income/Resources: _____ **(includes pay, social security, bank deposits, etc.)**

Patient Navigator/Medical Information

Name of Medical Practice_____

Referring Physician/Oncologist _____ Physician's Phone Number_____

Name/Signature of medical professional: _____

Phone/Email of medical professional completing this form: _____

Specific assistance requested_____

_____

Copies of CURRENT invoices/bills must be attached

PATIENT PERMISSION To be completed by the Patient.
Patient must sign for the application to be considered complete.
How did the patient learn of Anchor Cross Cancer Foundation: _____
I authorize The Anchor Cross Cancer Foundation(ACCF) which is a non-profit organization chartered by the state of Alabama, to act on my behalf for limited financial aid, information, and assistance. According to the Privacy Acts Legislated for the confidentially and privacy of my health information do hereby permit the release of my information to this foundation and cognate agencies that may be contacted in discussing my non-medical needs. Please sign and date to signify permission to release information to ACCF.
Patient Signature: _____ Date _____
All patients and other responsible **parties** will be treated fairly, with dignity, compassion, respect, and cultural sensitivity throughout the process.

You may submit this application by email to info@anchorcrossfoudation.org. Please allow up to two weeks for the disposition of the complete grant application. You can call 251. 513.0062 or email to follow up.