



Direct Patient Assistance Application

*All three fields of this application must be completed.
APPLICATION MUST BE SUBMITTED BY A MEDICAL PROFESSIONAL.*

Step 1 - Patient Navigator/Medical Professional Information

Name of Medical Practice: _____

Referring Physician: _____ Referring Physician: _____

Name of Person Completing Form: _____ Email: _____

Date: _____ Signature of Medical Professional: _____

Summary of Patient's Situation: _____

***Specific assistance requested: _____

***Please attach a copy of invoice/bill for consideration.

Step 2 - Patient Information (to be completed by Medical Professional)

Patient Name: _____

Patient Address: _____
Street City Zip

Preferred Phone: _____ Date of Birth: _____

Number in household: _____ Please circle: Male Female

Oncologist/Cancer Specialist/Cardiologist: _____ Contact Phone: _____

Patient Diagnosis: _____

Does this patient receive Disability or Medicaid? Yes / No

Patient's Estimated Monthly Income: \$ _____ Patient's Estimated Monthly Expenses: \$ _____

Step 3 - To be completed by the Patient

PATIENT PERMISSION (PATIENT MUST SIGN FOR APPLICATION TO BE CONSIDERED COMPLETE)

Anchor Cross Cancer Foundation is a nonprofit organization chartered by the State of Alabama. We will act on your behalf for limited financial aid, information and assistance. I, (print name), according to the Privacy Acts legislated for the confidentiality and privacy of my health information, do hereby permit release of my information for this foundation and cognate agencies that may be contacted in discussing my non-medical needs. Please sign/date to signify permission to release information to ACCF.

Patient Signature: _____ Date: _____

Our resources are limited - please let us know what makes your request so compelling: _____

You may continue your explanation on the back of this application

You may submit this application by email to info@anchorcrossfoundation.org. Please allow up to 2 weeks for disposition of complete grant applications. Referring agents may contact our office at (251) 607-5081 or at the above email address. Thank you.