Application - Cancer Patient Assistance Program

The purpose of the Chase County **Cancer Patient Assistance Program** is to help area residents facing the challenges of cancer. Applicants who have been diagnosed with cancer or those who are in active treatment may apply for $1,000.00 annually. Those who receive cancer prevention or detection services may apply for $250.00 annually. For the purposes of payouts, annually means every rolling 12 months.

To be eligible for funds, a recipient must live in Chase County or receive medical treatment at Chase County Community Hospital & Clinics. The committee reserves the right to make exceptions to this eligibility in special circumstances. (Note: Amounts granted are set every January and are subject to change based on availability of funds.)

PATIENT INFORMATION

First Name: _____ Last name: _____

Address: _____ City, State, Zip: _____

Cell#: _____ Home#: _____ Work#: _____

Email address: _____

Date of birth: _____ Parent or Guardian DOB if patient is a minor (under 19): _____

☐ I authorize the administrator of these Funds to discuss my account with Chase County Community Hospital & Clinics - Billing Department Personnel for the purposes of applying these funds toward my account for services identified below.

Patient Signature: _____ Date: _____

All information is strictly confidential and is intended for Chase County Cancer Funds use only.

PROVIDER CONFIRMATION: (*To be completed & signed by medical provider or authorized medical staff)*
By signing below, you are verifying that the patient listed above is receiving these services:

☐ Cancer Diagnosis &/or Treatment ☐ Cancer Detection &/or Prevention Services

Name: _____ Title: _____

Signature: _____ Date: _____

Return application to: Chase County Hospital Foundation - PO Box 819, Imperial, NE 69033.
Call: (308) 882-7290 or Email: sjaeger@chasecountyhospital.com with questions.

Chase County Cancer Funds Personnel Only
Check#: _____ Check $: _____ Check Date: _____ Check written to: _____