

Cancer Patient Care Fund

Application for Assistance



The Cancer Patient Care Fund is designed to lessen financial burdens for cancer patients who reside in the Rugby area.

WHO IS ELIGIBLE: Patients being treated for cancer at Heart of America Medical Center and/or cancer patients who reside in the Rugby, Towner, Leeds, Maddock or Dunseith zip codes.

WHAT'S COVERED: Anything that will provide financial relief that is not covered by insurance: medications, specialized treatments, travel expenses, groceries, utility bills, etc.

WHAT TO SUBMIT:

- Completed application form.
- Note from your cancer care provider confirming your diagnosis (specifics are not necessary)
- Proof of residence (not required if your referring medical professional is affiliated with HAMC)
- Copies of bills to be paid (medical bills not covered by insurance, utility bills, etc.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Diagnosis: _____

ASSISTANCE REQUEST

Please describe your needs: medications, specialized treatments, gas, lodging, groceries, etc.

Patient signature: _____ Date: _____

Referring HAMC medical professional (optional): _____

AFTER SUBMISSION

- A submitted application is not a guarantee of receiving funds. Patients may apply as often as needed.
- Awards are limited to a total of \$1,000 per year per patient, beginning with the date of the first award.
- Assistance is granted in the form of gas cards, hotel vouchers, grocery store gift cards or direct payments to medical providers, pharmacies, utility companies, etc.
- Availability of funds depends on charitable donations to the Cancer Care Patient Fund.
- You will be contacted by the Good Samaritan Health Services Foundation office with your application award decision. For more information, call the Foundation office at 701-776-5455 ext. 2149

For Office Use Only - Date Paid: _____ Amount Paid: _____