



## TREATMENT FINANCIAL ASSISTANCE FORM

### Patient Information:

First Name\*:

Last Name\*:

Street Address\*:

City\*:

Region:

Digital Address:

E-Mail:

Phone #\*

Gender\*:

Date of Birth (DD/MM/YYYY):

### Attending Physician and Hospital Information:

First Name:

Last Name:

Email Address:

Phone Number:

Name of Hospital\*

Hospital Address\*

City\*:

Date of Diagnosis

Treatment Start Date

**Briefly explain the diagnosis, treatment history and the current intended treatment for patient\***

**Physician Signature:**

**Date:**



**Patient Other Sources of Funds: Please answer the following questions:**

Do you have any funding/subsidy through private or government insurance? ☐ Yes ☐ No

If "Yes", please enter the amount you can use for treatment part payment: .....

Do you have any funding/subsidy through public insurance or other NGO ☐ Yes ☐ No

If "Yes", please enter the amount you can use for treatment part payment: .....

Do you have any other funding/subsidies to which you may have access: ☐ Yes ☐ No

If "Yes", please enter the amount you can use for treatment part payment: .....

**Patient Household Affordability**

Please enter your total household monthly income: .....

Please list any household assets: .....

Please enter total household monthly expenses including rent, basics need etc. ....

**You must add the following required supporting documents:**

- All cancer diagnosis or pathology reports
- Previous treatment history/report
- Current treatment plan including the start and end dates
- Government provided photo
- Any other document that may help with the board's decision

☐ I hereby give my consent for **Alliance for CancerCare Equity** to contact me for the purposes of fund raising to support my treatment and/or other cancer patients

☐ I hereby give my consent for the release and use of the specified personal information, and I declare that this consent has been given voluntarily

**Please scan all documents to pdf (Do not send pictures of the documents).**

Send the completed form and all supporting documents by e-mail to:

**acce-ca@outlook.com**