



## **Financial Assistance Application**

### **Calcasieu and Cameron Parish Residents Only**

If you or someone you know is undergoing treatment of any kind pertaining to Breast Cancer and are interested in receiving financial assistance please complete this application and return it to the address listed at the bottom of the page. RECEIPTS MUST ALSO BE SENT TO VERIFY PAYMENTS. Coverage of many items will be reviewed on a case by case basis. *Receipts or copies of receipts are required along with a physician's diagnosis. If receipts are not provided, application will be returned.*

**PLEASE PRINT**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **PATIENT INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARISH: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

DATE OF DIAGNOSIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Must be within the last 5 years unless 62 and over)

HAVE YOU EVER RECEIVED ASSISTANCE FROM THIS FOUNDATION BEFORE?  YES  NO

#### **MEDICAL INFORMATION**

NAME OF TREATING PHYSICIAN : \_\_\_\_\_

SIGNATURE OF TREATING PHYSICIAN : \_\_\_\_\_

(Must be signed by physician)

HOSPITAL/CLINIC: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

***Please Return Completed Application WITH RECEIPTS ATTACHED to:***

**Ethel Precht HOPE Breast Cancer Foundation  
165 W. Precht Road  
Bell City, LA 70630**

*Call (337) 905-0327 or email [info@EthelBreastCancerWalk.org](mailto:info@EthelBreastCancerWalk.org) with any questions!*

Ethel Precht HOPE Breast Cancer Approval

RECEIPTS PROVIDED: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SERVICES PROVIDED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_