



Financial Assistance Application

Calcasieu and Cameron Parish Residents Only

*Receipts or copies of receipts are required along with a physician's diagnosis and/or lab sheet stating diagnosis.
If receipts are not provided, application will not be processed.*

PLEASE PRINT

DATE: ____/____/____

PATIENT INFORMATION

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARISH: _____ PHONE: () _____

DIAGNOSIS: _____

DATE OF CURRENT DIAGNOSIS: ____/____/____

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

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

If yes, PLEASE write date of previous diagnosis. _____

MEDICAL INFORMATION

NAME OF TREATING PHYSICIAN : _____

SIGNATURE OF TREATING PHYSICIAN : _____
(Must be signed by physician)

HOSPITAL/CLINIC: _____ PHONE: () _____

SIGNATURE OF BREAST CANCER SURVIVOR _____

Please Return Completed Application WITH RECEIPTS ATTACHED to:

**Ethel Precht HOPE Breast Cancer Foundation
P.O Box 7684
Lake Charles, LA 70606**

email epbcinfo@gmail.com with any questions!

Ethel Precht HOPE Breast Cancer Approval

RECEIPTS PROVIDED: _____ DATE OF SERVICE: ____/____/____

SERVICES PROVIDED: _____ AMOUNT: _____

Procedure to follow when completing your
application for financial assistance.

Open to residents in
Calcasieu and Cameron Parishes ONLY

1. Get the application off our website and print it out or we can mail one www.ethelbreastcancerwalk.org
2. Complete the application
get the treating doctor's signature on it
get receipts together to document expenses
3. Get a copy of your diagnosis from the doctor or the lab
This diagnosis sheet will have the specifics of a breast cancer diagnosis on it.
4. Send all documents to us via mail or email or give to a board member.

P.O. Box 7684, Lake Charles, LA 70606

epbcinfo@gmail.com