



United Way
of Henry County

PATIENT REQUEST FOR FINANCIAL ASSISTANCE

Return to: United Way of Henry County
611 N. Perry Street
Napoleon OH 43545

Date: _____

Name: _____

Address: _____

Phone: _____

What is the patient's worksite? _____

If retired or not working, what was your last worksite? _____

What is the spouse's worksite? _____

If retired or not working, what was their last worksite? _____

Who provides the patient's health insurance coverage? (For example, worksite, Medicare, Medicaid, or name of insurance company) _____

This confirms that treatment has been given at:

Name of Treatment Center: _____

Address: _____

Signature: _____
(Doctor/Nurse/Attendee at treatment center or doctor's office)

Due to the financial burden to myself/family related to the cost of cancer treatment, I/we are requesting financial assistance from the United Way of Henry County.

Patient (or parent if minor) Signature

611 N. Perry Street, Napoleon OH 43545
Phone: 419-599-8176
Email – ginny@unitedwayhenry.org

FINANCIAL ASSISTANCE FOR CANCER PATIENTS

SERVICE POLICY

To be eligible for assistance, the cancer patient must be a resident of Henry County (or an individual who resides outside Henry County who is employed at a Henry County worksite that conducts a United Way of Henry County campaign). Assistance is for individuals whose cancer treatment is causing a financial burden on them or their family. Requests for services and all patient records are CONFIDENTIAL. Assistance is not provided to pay for doctors, hospital/nursing home bills, surgery, or any other means of treatment.

PATIENT ASSISTANCE

DRESSINGS: Commercially prepared dressings, bed pads, or disposable briefs may be reimbursed up to \$90 over a 12 month period.

PROSTHESIS: Total reimbursement for prosthetic items (i.e. mastectomy supplies, wigs) shall not exceed a total of \$100 per patient.

OSTOMY SUPPLIES: Reimbursement can be made for up to \$90 over a 12 month period.

MEDICATIONS: Patients may receive financial assistance for approved cancer related prescription medications if no other resource is available. Reimbursement can be made for up to \$600 over a 12 month period.

RADIATION: Patients may receive a one-time reimbursement for the cost of radiation therapy. United Way of Henry County is able to reimburse you \$200 towards this expense after all insurance has paid (including Medicare/Medicaid). Please submit a Statement of Benefits form from your insurance company that shows what expense the patient is responsible for.

LODGING: Reimbursement can be made for \$75 per night for up to 10 nights.

NUTRITIONAL SUPPLEMENTS: Patients may receive reimbursement of up to \$120 over a 12 month period.

(If you need financial assistance for dressings, prosthesis, ostomy supplies, medications, radiation, lodging, or nutritional supplements, contact the United Way of Henry County office.)

TRANSPORTATION: United Way of Henry County may assist at the rate of \$.40 per mile for up to \$1,600 over a 12 month period.



United Way
of Henry County

TRANSPORTATION REIMBURSEMENT FORM FOR CANCER TREATMENT

Return to: United Way of Henry County
611 N. Perry Street
Napoleon OH 43545

Date: _____

Name: _____

Address: _____

Phone: _____

This confirms that treatment has been given at:

Name of Treatment Center: _____

Address: _____

Signature: _____

(Doctor/Nurse/Attendee at treatment center or doctor's office)

Miles: 1 round trip _____ Total miles _____

List dates of all round trips below:

United Way of Henry County will assist at the rate of \$.40 per mile up to \$1,600.00 for any twelve month period.