



Financial Assistance Application

Breast Cancer Financial Assistance Program

PO Box 1770, Leland, NC 28451
 info@GoingBeyondthePink.org
 910-667-2111

Program Guidelines and Requirements

Financial Assistance Coverage

Costs associated with treatment for breast cancer and related, documented side effects and complications are eligible. Funds are only disbursed to the care provider. Covered expenses include (but are not limited to) the following:

- Mastectomy, lumpectomy, biopsy, node biopsy, breast reconstruction, surgical consultations
- Oncology patient appointments for consultations, chemo infusions, follow-up appointments, required scans
- Radiation consultation, treatment, follow-up appointments, required scans
- Co-Pay Assistance, Deductibles, and Out-of-Pocket Costs associated with breast cancer treatment
- Physical therapy consultations, treatment, medical devices associated with cording, lymphedema, cancer-related fatigue
- Some supplemental and alternative therapies are also considered on a case-by-case basis

Applicant Requirements

- Brunswick, New Hanover, or Pender County (NC) resident
- Actively receiving treatment for breast cancer and/or documented side effects
- Meet income eligibility guidelines, outlined below:

Tier 1	Household income between \$30,000 - \$70,000	Tier 3	Household income ≤ \$30,000
	Self/Spouse Currently Employed, Retired, and/or Disabled		Self/Spouse Currently Employed, Retired, and/or Disabled
	Currently Insured, Deductible ≥ \$2,500		Uninsured
	Out-of-Pocket Insurance Maximum ≥ \$5,000	Tier 4	Household income between \$70,000 - \$100,000
Household income ≤ \$30,000	Self/Spouse Currently Employed, Retired, and/or Disabled		
Self/Spouse Currently Employed, Retired, and/or Disabled	2 or more Dependents		
Currently Insured, Deductible ≥ \$1,000	Currently Insured, Deductible ≥ \$2,500		
	Out-of-Pocket Insurance Maximum ≥ \$2,500		Out-of-Pocket Insurance Maximum ≥ \$5,000

Required Documentation

In order to be considered for financial assistance, applicants must include all of the following:

- Going Beyond the Pink Financial Assistance Application
- Physician Verification Form
- Last 2 paystubs, Unemployment, Social Security, Disability Income Statement/ Letter
- Current Federal Tax Return (top 2 pages)
- Medical Information Release Authorization (sent later)
- Publicity Release (sent later)
- Personal Narrative
- Copy of Driver's License or Alternate ID
- Copy of Current Insurance, Medicaid, or Medicare Card
- Copies of bills needing payment (can be sent later)

Application Process

Completed applications can be submitted by mail, or by email. While Going Beyond the Pink makes every effort to safeguard and securely store your private information, the applicant assumes responsibility for any data breach or loss incurred if the application is transmitted by email or other electronic means.

Applications may be submitted via mail to:

Going Beyond the Pink
C/O Resource Director
PO Box 1770
Leland, NC 28451

Or via email to: info@GoingBeyondthePink.org

Application decisions can take up to 60 days. Approvals and payments are entirely dependent upon available funding, Applications are considered on a first-come, first-served basis. Going Beyond the Pink has final determination on all applications and reserves the right to rescind funding, and/or change the program in any way and at any time with or without notice.



Date Application Received _____

Received By _____

 Approved Denied Funding Cap \$ _____

Financial Assistance Application

Applicant Name: _____ Date of Request: _____

Applicant Date of Birth: _____ Age: _____ Last 4 of SSN: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Gender: _____ Race: _____

Referral Source (Doctor, Hospital, Friend, etc): _____

Household Income

Applicant Employer: _____

Supervisor: _____ Contact Phone: _____ Contact Email: _____

Spouse/Partner/Household Employer: _____

Supervisor: _____ Contact Phone: _____ Contact Email: _____

Income & Expense Worksheet

Income Source	Monthly Amount	Expense	Monthly Amount
Total Household Income		Rent or Mortgage Payment	
Retirement Income (Pension, SSD, SSI, VA Benefits)		Cable & Internet	
Unemployment and/or Worker's Compensation		Electricity & Heat	
Public Assistance		Water, Sewer, Garbage	
Rental Income		Food	
Family / Child Support		Childcare	
Other Assets (IRA, Stocks, Bonds, Money Markets, etc)		Transportation	
Other:		Other:	

Insurance

Insurance Provider: _____

Phone: _____ Member Number: _____

Group Policy Number: _____ Deductible: _____

CoPay (General): _____ Annual Out-of-Pocket Maximum: _____

CoPay (Specialty): _____ Claims Address: _____

Medical

Diagnosis: _____ Date of Diagnosis: _____

Treatment Plan (circle all that apply): Surgery Chemo Radiation Pharmaceuticals (long-term)

Other: _____

Medical Providers

	Physician Name	Phone / Contact Info
Ob/GYN		
Surgical Oncologist		
Oncologist		
Radiation Oncologist		
Physical Therapist		
Primary Care		
Other		

Seeking Financial Assistance for:

CoPays _____ Amount \$ _____
Deductible _____ Amount \$ _____
Surgery _____ Amount \$ _____
Chemo Infusions _____ Amount \$ _____
Radiation Treatment _____ Amount \$ _____
Medical Related Debt Collections _____ Amount \$ _____
Other (please explain) _____ Amount \$ _____

Please include copies of bills needing payment

Other assistance applied for (provide program name and amount): _____

Your Narrative: On a separate sheet, please tell us your cancer story, and how financial assistance would impact your life and your family.

Release & Authorization

I have read and understand the financial assistance guidelines and requirements. I declare that the information provided on this application is true and correct to the best of my knowledge.

I understand that Going Beyond the Pink will make every effort to safeguard and securely store my private information. Applications are confidential.

I understand that submission of this application does not guarantee approval and that approval and payment of financial assistance is subject to available program funding. I understand that Going Beyond the Pink can rescind, remove, or change any aspect of the financial assistance program at any time with or without notification.

Applicant's Signature _____

Printed Name _____

Date _____