



# Going Beyond the Pink

Breast Health Education & Resources Before,  
During, and After Cancer



Applicant Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Source (Doctor, Hospital, Friend, etc): \_\_\_\_\_

## **Household Income**

Applicant Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Spouse/Partner/Household Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

(Please attach an additional sheet if more room is needed to fully disclose Household Income.)

## **Insurance**

Insurance Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Claims Address: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

CoPay (General): \_\_\_\_\_ Deductible: \_\_\_\_\_

CoPay (Specialty): \_\_\_\_\_ Annual Out-of-Pocket Maximum: \_\_\_\_\_

## **Medical**

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

## **Medical Providers**

Ob/Gyn: \_\_\_\_\_ Oncologist: \_\_\_\_\_

Surgical Oncologist: \_\_\_\_\_ Radiation Oncologist: \_\_\_\_\_

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

Other: \_\_\_\_\_

**Seeking Financial Assistance for:**

CoPays _____	Amount \$ _____
Deductible _____	Amount \$ _____
Surgery _____	Amount \$ _____
Chemo Infusions _____	Amount \$ _____
Radiation Treatment _____	Amount \$ _____
Medical Related Debt Collections _____	Amount \$ _____

**Your Narrative:** In your own words, please tell us your cancer story, and how financial assistance would impact your life and your family. Please feel free to include additional sheets if more space is needed.

Please Provide the following documentation with your request for assistance:

- Current Federal Tax Return
- Last 2 Pay Stubs or Proof of Employment
- Medical Verification Form, completed and signed by your oncologist

Please email the completed form and required documentation to [info@GoingBeyondthePink.org](mailto:info@GoingBeyondthePink.org), or call 910-667-2111 to make drop-off arrangements. Please don't hesitate to ask if assistance is needed in completing the form. Please note financial assistance is based on available funding. Additional paperwork may be required on a case-by-case basis. Going Beyond the Pink is grateful for Pink Trash, as their support makes this financial assistance program possible.

