



Financial Assistance Application

Breast Cancer Financial Assistance Program

4018 Shipyard Blvd, Suite 1A, Wilmington, NC 28403
info@GoingBeyondthePink.org
910-667-2111

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

Medical Providers

Ob/Gyn: _____ Oncologist: _____
Surgical Oncologist: _____ Radiation Oncologist _____

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 \$ _____

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 (top 2 pages)
- Last 2 Pay Stubs or Proof of Employment
- Medical Verification Form, completed and signed by your oncologist or other applicable physician

Please email the completed form and required documentation to 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 our community and sponsors, as their support makes this financial assistance program possible.

