

Patient Financial Assistance Application



Pennies with Purpose

Patient Name:		Date:
Patient Address:		
City:	State:	Zip Code:
Telephone:	Date of Birth (MM/DD/YY):	
Email Address:		

Requested Service or Item:	Approximate value: \$ _____
----------------------------	-----------------------------

1. *Is patient currently undergoing cancer related treatment? (CIRCLE YES or NO)

Radiation? Yes No Chemo? Yes No Surgery? Yes No

*If patient is NOT currently undergoing one of these treatments, has patient received one of the above treatments with in the last 18 months? Yes or No Date of last treatment: _____

2. Total Gross Annual Household Income*: \$ _____ Number of Persons in household: _____
(include yourself and those you are financially responsible for)

**Total household income includes the following for all members of your household: Gross Salary, Unemployment Compensation, Social Security and/or Supplemental (SSI) Benefits, Public Assistance (TANF, SNAP, etc.), Other Income*

3. (Optional) Please advise of any extenuating circumstances that you would like us to consider. If you need additional space, please write on the back of this form or use a separate sheet of paper.

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I AUTHORIZE PWP TO VERIFY THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED, INCLUDING THE RIGHT TO SEEK SUPPORTING DOCUMENTATION FOR THE ABOVE REQUEST. I UNDERSTAND THAT IF I DO NOT QUALIFY, I WILL BE NOTIFIED.

Patient or Responsible Party Name (Print): _____

Patient or Responsible Party Signature: _____

Name of Facility _____

Social Worker /Health Care Professional Name (Print) _____ Signature _____

Please return this form by Email, fax or mail.

Email – info@pennieswithpurpose.org
 or
 Fax to: 404-443-0916
 or
 Mail to: Pennies with Purpose
 167 Iveydale Road
 Mableton, GA 30126

Questions please call – 770-693-5929

FOR INTERNAL USE ONLY:

Approved as requested above

Approved and modified as below:

Denied

Reason for denial: _____

Reviewer/Signature: _____ Date Reviewed: _____