

Financial Assistance Application Information

FACE2FACE HEALING WILL PROVIDE A ONE TIME EMERGENCY GRANT BETWEEN \$100 & \$500 FOR INDIVIDUALS CURRENTLY IN CANCER TREATMENT OR WHO HAVE FINISHED TREATMENT WITHIN THE PAST YEAR

You may be eligible for financial assistance if you:

- have limited or no health insurance
- are not eligible for government assistance (for example, Medicare or Medicaid)
- can show you have financial need
- are a resident of Western Pennsylvania
- provide Face2Face Healing with necessary information about your household finances
- have medical bills in an amount that exceeds your ability to pay, as determined by Face2Face Healings guidelines
- We will get in touch with you to let you know if you are eligible for Financial Assistance.
- We can help you set up a payment plan for any remaining charges or bills that are not covered by Financial Assistance.

About the Application Process

To apply for Face2Face Healing Financial Assistance, please follow these steps:

- Fill out the Financial Assistance Application form in this packet.
 - > Include the supporting documents listed in the checklist.
 - > Note that you must first explore whether you are eligible for some type of insurance benefits that would cover your care (such as, worker's compensation, automobile insurance, and Medical Assistance). We can help show you how to get the right resources for these.
 - > We then look at your income assets and family size to determine the level of assistance available to you. We use a sliding scale, based on federal poverty guidelines.

Please mail your filled-out application form and copies of your proof of income materials to:

Face2Face Healing
3000 Village Run Road
Suite #103-206
Wexford, Pa 15090

Or email documents to info@face2facehealing.org
If you have any questions, call 724-935-3580.

Additional information is also available on the web at www.face2facehealing.org

Financial Assistance – Application Form

Name:			
Date of Birth:		How did you hear about us?	
Address:			Daytime Phone Number:
City:		State:	
ZIP:	County:		
Employer's Name:		Spouse's Employer's Name:	
Alternate Phone Number:			

Requested Services: Describe what you need help with. If it is a bill (s) please attach a copy of the most recent bill.

Requested Help Description:

Household Information: List ALL members of your household, including dependents, who were on your most recent IRS Form 1040.

Names	Relation to Patient	Age

Total number of household members (including the patient): _____

Monthly Household Income: Give monthly income for yourself and other household members. Also attach copies of your proof of income and asset documents (see documentation checklist).

Monthly Gross Income	Self	Spouse and/or Other Household Members
Wages/self-employment	\$	\$
Social Security	\$	\$
Pension or retirement income	\$	\$
Dividends and interest	\$	\$
Rents and royalties	\$	\$
Unemployment	\$	\$
Workers' compensation	\$	\$
Alimony and child support	\$	\$
Cash	\$	\$
Bank accounts	\$	\$
Money market accounts	\$	\$
Other income	\$	\$
Total Monthly Family Income	\$	\$

Additional Comments:

Disclaimer: I understand that the information I provide will be used only to determine financial responsibility for my financial need and will be kept confidential. I understand that the materials I send to prove my income and assets will not be returned. I further understand that Face2Face Healing will check the documentation obtained from employers, banks, and other entities listed by me in this application. I understand that if any information I have given is determined to be false, it may result in not being funded.

My signature authorizes Face2Face Healing to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: _____

Relationship to patient: _____

Date: _____