

EXTRAORDINARY CANCER CARE FUND  
Assistance Program Application

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Extraordinary Cancer Care Fund was created to provide a vehicle for patients in need of help and for others who have been affected by cancer who have the resources to help those less fortunate fulfill their needs during their journey.

**Please fax this form to 570-342-3316 or email to [eccf@cancercarenepa.com](mailto:eccf@cancercarenepa.com)**

If you have any questions about Extraordinary Cancer Care Fund's services, call 570-342-3675 ext. 451

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\*Patient Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Daytime Phone (    ) \_\_\_\_\_ \*OK to leave a telephone message    Yes \_\_\_ No \_\_\_

E-mail Address \_\_\_\_\_

\*Diagnosis \_\_\_\_\_

\*Treatment Facility Name & Address: \_\_\_\_\_

\*Requested Fund Usage and Reason: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Private \_\_\_\_\_ Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ Military Program \_\_\_\_\_  
Other \_\_\_\_\_

I am interested in:

- Patient support programs and services
- Transportation
- Financial Assistance (based on eligibility criteria –must submit needed documentation)
  - 1040 Federal Tax Form from last full year (IRS Form 1040, 1040A, or 1040EZ)
  - If no income tax form was filed last year please submit a copy of your most recent Social Security/Disability award letter, benefit statement or monthly check
  - Copy of your unemployment check or benefit notification
  - Most recent current wage summary
  - List of assets and value
  - Statement of support from family/ friend if none of the above
  - Expenses with attached bills or receipts
- Other (please specify) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

APPROVED: \_\_\_\_\_

\*Required fields to be filled out by patient.

Expenses which any fund awards are to cover must be submitted. Medical Expenses will require a bill or receipt. Transportation costs can be submitted as receipts or a request for mileage reimbursement based on current federal guidelines by documented mileage for specific appointment attendance. If bills are submitted rather than receipts initially evidence of use of the funds to satisfy the targeted bill will need to be submitted prior to any further fund disbursements for additional care costs.