



WE CARE **ENDOWMENT**

PATIENT ASSISTANCE APPLICATION

This application may be subject to a random audit of income and/or disease.

Mail application to We Care Endowment, P.O. Box 21832, Lincoln, NE, 68542.

Please ensure you have included:

1. Completed Application
2. Financial Verification (Income Tax Return, Social Security Award Letter, or most recent Pay Stub)
3. Health Statement signed by your Physician

If your income status changes, you must immediately notify the We Care Endowment to determine whether or not you continue to qualify for assistance.

TODAY'S DATE _____

NEW APPLICANT? YES NO

RENEWAL? YES NO

IF RENEWAL, WHEN DID YOU LAST APPLY? DATE _____

WHO IS FILLING OUT THIS APPLICATION? PATIENT PERSON/PATIENT REPRESENTATIVE

IF REPRESENTATIVE, NAME _____ RELATIONSHIP TO PATIENT _____

PATIENT INFORMATION

PATIENT NAME _____ LAST NAME _____

GENDER MALE FEMALE BIRTH DATE _____ PREFERRED LANGUAGE _____

STATUS SINGLE MARRIED DIVORCED WIDOWED

STREET _____ CITY _____ STATE _____ ZIP _____

COUNTY _____ HOME PHONE (____) _____ MOBILE (____) _____

EMAIL ADDRESS _____

OKAY TO CONTACT PATIENT? YES NO IF YES, BEST TIME TO CONTACT _____

IF PATIENT IS A MINOR (UNDER 18), NAME OF PARENT OR GUARDIAN _____

ALTERNATE CONTACT _____ RELATIONSHIP TO PATIENT _____

PHONE (____) _____

HOUSEHOLD FINANCIAL INFORMATION

SALARY \$ _____ DISABILITY \$ _____ UNEMPLOYMENT/WORK COMP \$ _____

SOCIAL SECURITY \$ _____ PENSION/RETIREMENT \$ _____

ALIMONY/CHILD SUPPORT \$ _____ OTHER INCOME \$ _____

HOUSEHOLD GROSS MONTHLY INCOME \$ _____ NUMBER LIVING IN HOUSEHOLD _____

PROVIDER INFORMATION

FACILITY/PRACTICE NAME _____ PHYSICIAN NAME _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____

INSURANCE INFORMATION

PRIVATE MEDICARE MEDICAID MILITARY UNINSURED

NUMBER OF MILES TRAVELED ROUND TRIP FOR EACH VISIT _____

PATIENT SIGNATURE _____ DATE _____

Once a determination has been made, you will be notified. The We Care Endowment may ask at anytime for further documentation to support a patient's eligibility, including after any grant has been extended. Any falsification of an application is fraudulent and subject to potential criminal penalties and civil damages.