

Breast Cancer Solutions  
3843 S. Bristol St. #152  
Santa Ana, CA 92704-7426  
Tel: 866-960-9222 Fax: 866-781-6068

Client Last Name: \_\_\_\_\_  
Client Number: \_\_\_\_\_

### MEDICAL FINANCIAL ASSISTANCE PROGRAM

In order for BCS to prepare and submit your request for financial assistance with out-of-pocket medical expenses, this form must be completed entirely and the required documentation must be faxed or mailed. Your application will not be processed without the required documentation. **NOTE:** This form can only be submitted with the full BCS application. MFAP forms submitted alone will not be processed.

#### **HEALTH INSURANCE/COBRA**

**Required Documentation: Copy of billing statement, payroll deduction receipt, or other documentation showing premium amount**

Medical Insurance Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Insurance premium payment Amount: \$ \_\_\_\_\_ every \_\_\_\_\_ (time period)

Is this amount for client only?  YES  NO (Please explain: \_\_\_\_\_)

Method of Payment:  Cash or Check  Payroll Deduction  Other: \_\_\_\_\_

Assistance needed from (insert dates) \_\_\_\_\_ to \_\_\_\_\_

#### **SHARE OF COST**

**Required Documentation: Copy of insurance card (if co-payment amounts are listed) or billing statement from physician/lab/treatment facility documenting amounts**

Office visit co-payment: \$ \_\_\_\_\_ Service co-payment (percent): \_\_\_\_\_

Lab co-payment: \$ \_\_\_\_\_ Treatment co-payment: \$ \_\_\_\_\_

Annual Deductible Amount: \$ \_\_\_\_\_ Annual Out-of-Pocket Maximum: \$ \_\_\_\_\_

Assistance needed from (insert dates) \_\_\_\_\_ to \_\_\_\_\_

#### **MEDICATIONS**

**Required Documentation: Copy of pharmacy receipts documenting amount of each prescription**

Prescription#1 Name \_\_\_\_\_ Co-Pay Amount: \$ \_\_\_\_\_

Prescription#2 Name \_\_\_\_\_ Co-Pay Amount: \$ \_\_\_\_\_

Prescription#3 Name \_\_\_\_\_ Co-Pay Amount: \$ \_\_\_\_\_

Prescription#4 Name \_\_\_\_\_ Co-Pay Amount: \$ \_\_\_\_\_

Preferred Pharmacy  CVS  Rite-Aid  Costco  Walgreens  Other: \_\_\_\_\_

Assistance needed from (insert dates) \_\_\_\_\_ to \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_