

Patient Financial Aid Program Reference Guide

To apply for financial aid, patient *must*:

- ✓ Must reside in the United States
- ✓ Have bills in their name
- ✓ Be in current treatment for pancreatic cancer OR
- ✓ Experiencing post-treatment complications, in remission, and facing consistent medical care for status maintenance
- ✓ Have all documents dated **within 3 months** of the application date

Items to submit along with application:

1. A letter from your oncologist, on their letterhead *or* summary report from your last office visit, **must** include:
 - a. Diagnosis
 - b. Stage of cancer
 - c. Treatment regimen:
 - i. Chemo – what type, start/end dates
 - ii. Whipple surgery – if any, what date
 - iii. Radiation – if any, start/end dates
 - iv. All natural – if any, names of supplements
 - d. For those out-of-treatment, the letter **must** also include:
 - i. Summary of current medical condition(s) with verification that they have been caused by pancreatic cancer or its treatment
 - ii. Summary of current medications or medical care that patient is seeking aid for
2. Photo ID
 - a. License or any other document that has photo, name, address, and DOB
3. Copy of your *signed* 1040 tax return form for *both* spouses from last year or Supplemental Security Income (SSI) Benefits letter
 - a. **NOT** accepted: w2 forms, bank statements, disability/retirement/survivor, or pensions
 - b. A Supplemental Security Income Benefits Letter can be found at: <https://www.ssa.gov/manage-benefits/get-benefit-letter>
4. Copy of current outstanding bills in patients name that you are requesting help with
 - a. A copy of a **full bill statement** with *coupon slip* that you would send back w/payment
 - i. For those in active treatment, accepted bills are:
 1. **Mortgage or Rent** (submit current copy of lease)
 2. **Utilities** (*examples*: energy, gas, oil, water, phone, internet)
 3. **Medical** pertaining to pancreatic cancer
 - ii. For those out-of-treatment, accepted bills are:
 1. Outstanding medical bill in patients name pertaining to post-pancreatic cancer treatment complications or status maintenance

Please note:

- We pay the lenders directly
- No reimbursements
- No payments made to patient
- We do vet patient's doctor
- Max granted is \$2,000 but this is very rare
- Estimated 4-week turn-around time *once* patient's file is in order
- Grants are only awarded **once** & are **not** a residual month-to-month payment
- Patients are eligible to re-apply every 12 months & must resubmit everything

Patient will be notified upon receipt of application. Once all the above information is received, then their case will be submitted to our patient financial aid committee for consideration. As soon as a decision has been made on their case; we will then reach out to the patient with the verdict. Bills will then be paid, and a letter will be mailed to the patient with copy of any payments made for their records.

You may *return* the application and all other documents needed via

1. email: genesis@projectpurple.org
2. fax: 203-720-2156
3. mail: Project Purple
Attn: Genesis
PO Box 884
Seymour, CT 06483

Please call me with any questions you may have.

Sincerely,

Genesis Roman
PFA Coordinator
Project Purple
203-714-6052