P.O. Box 366
Englewood, FL 34295-0366

Dollars For Mammograms, Inc.

www.dollarsformammograms.org

Medical Grant Assistance Application

Dollars for Mammograms Medical Assistance Grants were established to assist our recipients, who have gone through appropriate testing and need further testing for diagnosis or for medical bills incurred during treatment.

- The Applicant must be a Dollars for Mammograms, Inc. recipient and may submit a grant application within 12 months from the date of biopsy. Uninsured, underinsured or cannot afford recipients are eligible to apply.
- Applicant must attach a brief statement of financial need.
- Applicant must submit copies of breast health related testing or procedural medical bills for which they are requesting grant money.
- The Applicant must be screened for ACA Insurance within the ACA enrollment period that applies to them.
- Applicant is required to submit a copy of their health insurance marketplace eligibility notice from the ACA screening. If enrollment period is not open to the Applicant they must attach a current tax return to establish financial need.
- If Applicant is one of our underinsured recipients, they may apply for a grant, but must provide current tax return to establish financial need.
- Grant will be paid directly to the medical service provider upon approval. Grantee will be notified of payment to provider.

Name:_____ Date: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip Code:_____

Mailing Address, if different from above: _____

Phone: _____ Business Phone:_____ Cell:_____

Age: _____ Date of Birth:(mm/dd/yr) _____ Marital Status: _____

Are you presently employed? _____ Employer_____

Do you have private health insurance? (circle) YES or NO Deductible_____

Do you have Medicaid? (circle) YES or NO Monthly Share of Cost _____

Do you have Medicare? (circle) YES or NO Type: A _____ Type B _____

I certify that the above information is correct to the best of my knowledge. Dollars For Mammograms will make a determination of your eligibility for our program. Failure to provide accurate information and/or follow our guidelines may result in current and/or future rejection from this program.

Applicant's Signature _____ Date _____

Return this form to: Dollars For Mammograms, Inc. • P.O. Box 366 • Englewood, FL 34295-0366

Dollars for Mammograms, Inc. is a tax deductible 501(C)(3) Non Profit Public Foundation