



Dear Potential MBA Recipient,
Please review the following criteria and complete the application in its entirety. All information is needed for verification. Incomplete applications will not be reviewed. If you meet the guidelines below, please sign below, complete the attached form and send it back to The Melanie Finley Ovarian Cancer Foundation by mail or **fax (954) 527-1072**. All information will remain confidential. We award funding as money becomes available on a first come, first serve basis. Thank you,

Treatment Policies and criteria:

We do not discriminate against natural or homeopathic treatments as long as there is documentation of studies and results. Our goal is to get patients healthy any way we can, and we are open to new research, medical advancements and treatment trials (if the patient is willing), in order to help find a cure. Physicians, facilities and care providers must be licensed and/or certified in the United States. Payments are made to the facilities, reimbursements to the patients will not be considered for funding. We do not discriminate against any person, for any reason. To be funded, applicants must meet the criterion outlined below, which is never based on race, gender, religion or family status, etc.

Funding Criteria:

Diagnosis: Ovarian Cancer (any Stage)

Services/Treatment Funded: Post diagnostic – medically related bills only (surgical, therapies, etc.)

Insurance: Insured or Uninsured

Residency: Permanent United States Resident. Passport required or Drivers License and Social Security card

References: 3 non-relative character references, including medical personnel, co-workers, employer, etc. ***Upon approval and request only.***

I have read and understand the criteria for funding.

Applicant signature: _____

Date: _____



Medical Bill-Pay Assistance Program

Please fill out the following application completely **(incomplete applications will not be accepted for review)**, read and sign the attached Criteria Sheet and Authorization Form, then send them either by

fax (954-527-1072),

email: info@mfocf.com

or by mail to

The Melanie Finley Ovarian Cancer Foundation:

132 NE 16th Terrace

Fort Lauderdale FL 33301

Please read the criteria page included in this package, to make sure your situation complies with our guidelines. **We cannot fund applications that are incomplete or do not meet our criteria.**

All personal information is kept strictly confidential and will not be returned.

Name:

Address:

City:

State:

Zip:

Evening Phone:

Daytime Phone:

SSN:

DOB:

Insurance:

____ NONE ____ LIMITED ____ MEDICARE/MEDICAID ____ OTHER

Other: (explain)

____ I am applying for the first time to MFOCF.



Oncologist or Primary Physician: (referrer)

Address:

City:

State:

Zip:

Phone:

Diagnosis:

Date:

Treatment Protocols Prescribed:

Other Financial Assistance Received or Applied For:



OUTSTANDING MEDICAL DEBT:

Facility/Doctor:

Amount:

\$ _____

Bill Date:

Date Due:

Contact Name:

Contact Phone:

~~~~~

Facility/Doctor:

\_\_\_\_\_

Amount:

\$ \_\_\_\_\_

Bill Date:

\_\_\_\_\_

Date Due:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Contact Phone:

\_\_\_\_\_

---



---

Facility/Doctor:

---

Amount:

\$ \_\_\_\_\_

Bill Date:

---

Date Due:

---

Contact Name:

---

Contact Phone:

---

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

~~~~~

Patient Authorization for Information Disclosure

I _____, hereby declare on this date, _____, that all relevant parties may discuss my medical records, treatments, billing and prognosis with representatives of The Melanie Finley Ovarian Cancer Foundation.

Patient Name: _____

Patient Signature: _____

The Melanie Finley Ovarian Cancer Foundation will only use the above permissions to verify and qualify an applicant's criteria for receipt of a treatment fund as well as adherence to State and Federal non-profit guidelines. Any and all information disclosed is kept strictly confidential and will not be shared with any other company or entities.

If you have questions about The Melanie Finley Ovarian Cancer Foundation, you may contact us at 215.821.5225 or by email at info@mfofc.com
