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APPLICATION FOR ASSISTANCE APPROVAL

Welcome to the P4 Foundation Family Assistance Program

The P4Foundation Family Assistance Program helps you pay toward

- Transportation to & from clinic visits, treatment(s), Doctor(s) or Hospital(s) visits.
- Parent/Caregiver meals while patient is in hospital or undergoing treatment.
- Hospital parking and tolls.
- Assist with Co-pays for medications.
- Assist with private insurance Co-pays.
- A Family household bill during treatment
 - Electric Bill
 - Water Bill
 - Gas Bill
 - Rent/a Mortgage payment
 - Insurance premium
 - ETC....

Available Funding

Support for this program is based on the availability of funds. P4Foundation Family Assistance Program funds are available to any child age 1year-19 years of age affected with cancer.

Support amounts range from \$50.00-\$2,500.00

Eligibility Requirements

To be eligible for P4Foundation Family Assistance Program, you must

- Have a TOTAL household income that is at or below \$45,000.00 per year.
- Be a United States citizen or permanent resident of the U.S. and be medically and financially qualified
- Have private medical insurance coverage
- Have cancer diagnosis confirmed by a doctor (see covered diagnoses listed above)



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How to Apply

Patients and or caregivers can easily submit a P4Foundation Family Assistance Program application by mail or by fax.

- **Patients and Caregivers:** Complete application included in your folder or the application may be downloaded online, or contact our office.

Patients and caregivers may check the status of submitted applications and claims Monday-Thursday 11:00a.m-3:00p.m. eastern time.

By Phone: You may get more information about the P4Foundation Family Assistance Program by calling **(844) 772-9367** to speak with a P4Foundation Assistance Specialist who will provide personalized service throughout your application process.

By Email: You may email your request for a P4Foundation Assistance Specialist to contact you about the program [at info@p4foundation.org](mailto:info@p4foundation.org).

Required Information

The P4Foundation Family Assistance Program application requires information to be completed and signed by both you and your doctor. You must also submit documentation verifying household income. All documentation will be kept confidential and is used solely for approval into the program. If you mail or fax your application, send the forms and supporting documents to:

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| <p>P4Foundation, Inc. Family Assistance Program P.O. Box 842 Buford, GA 30515</p> |
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Your P4Foundation Family Assistance Program application will be reviewed, and you'll be notified of your approval status. You'll receive instructions for payment requests once your application is approved.

Information for Approved Applicants

For patients with approved applications who need assistance completing the claim form Please contact a P4Foundation Assistance Specialist

P4Foundation Family Assistance Benefits and Taxable Income

Expense reimbursements received by patients from the P4Foundation Assistance Program are generally not taxable. However, we recommend patients consult with a tax professional for a final determination.



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P4 Foundation Family Assistance Program Application.

Applications can be submitted by mail or fax ONLY.

You'll need the following information and documents:

- Patients date of birth
- the name of Patients diagnosis
- Name of your insurance company and proof of current coverage.
- the name of your pharmacy and its phone
- the name of your physician and his or her phone and fax numbers

Before you begin the application process, please read the following information.

Entering and Submitting the Application

Please note that only one application may be completed per patient. After you complete the application, you must identify yourself as either the patient or someone submitting the application on behalf of the patient. A comments section is available to include any additional information or special circumstances relevant to the application.

Application Review

Submitting the application doesn't guarantee acceptance in the program. All applications must be completed in their entirety before they can be reviewed and must include:

- signed patient application
- household financial information
- physician form
- a copy of the patient's insurance card

The P4 Foundation Family Assistance group will review all your documents and inform you via mail of your approval status.

*Support for this program is based on the availability of funds.

For More Information

For information or questions regarding the P4 Foundation Family Assistance application contact:

1-844-772-9367

P4 Foundation

Family Assistance Program

P.O. Box 842

Buford, GA 30515

info@p4foundation.org