



The APG Foundation assists cancer and blood disease patients who have exhausted all other means of payment by helping them obtain the medications necessary for their treatment and for prostheses.

Medication & Protheses Assistance Application

Eligibility Requirements:

- Applicant must be a resident of Iowa, and
- Applicant must currently be undergoing treatment in Linn or Johnson Counties for cancer or blood disease.

Applicant Information

Name of Applicant: _____

Address: _____

Telephone: _____ Date of Birth: _____

Email address: _____

Physician's name: _____

Physician's office address: _____

Required Supporting Documents

- I have attached a completed **Confirmation of Diagnosis Form**.

Check one of the following:

- I have attached a **pharmacy receipt** that includes the purchase date, name of medication and amount paid and/or a supplier's receipt that includes purchase date, name of the prosthesis and amount paid.
- I have applied for **Immediate Assistance** using one of the designated pharmacies.

Consent & Authorization

By signing below:

- I attest that to the best of my knowledge the information provided is accurate.
- I affirm that I have no other readily available means to purchase medications and prostheses.
- I agree to provide further information if needed.

Applicant Signature: _____

How did you learn about APG Foundation?

- My doctor
- A friend or family member
- Web search
- Other _____

Mail or scan and email completed application and supporting documents to The APG Foundation.

***Note:** Reimbursement is limited to a maximum of \$1,200 for medications, and up to \$300 for prostheses, including mastectomy bras, within a 12-month period. The APG Foundation will provide reimbursement up to \$300 for a lifetime limit of one wig.*