



The APG Foundation
P.O. Box 1248 • Cedar Rapids, IA, 52406-1248
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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.

Immediate Medication Assistance Application

Note to Physician: When the patient lacks the means to purchase medications needed immediately and when following the usual procedure of sending the receipts to The APG Foundations would delay taking the necessary medications, you may send the patient directly to Pavilion Pharmacy or Reutzel Pharmacy. Arrangements have been made with these two pharmacies to bill the Foundation directly.

Please have patient complete the **Medication & Protheses Assistance Application** and a **Confirmation of Diagnosis** forms and mail them or scan and email them to The APG Foundation.

Ordering Physician:

Physician's Name (Please print) _____

Physician's Signature _____

Patient Information and Authorization:

Please complete the **Medication & Protheses Assistance Application** and the **Confirmation of Diagnosis** forms and mail them to The APG Foundation. Please complete the following information on this form, sign the form and take it to the pharmacy you choose below.

Patient's Name: _____ Date: _____

Address: _____ Telephone: _____

I hereby authorize the pharmacy (choose one)

Pavilion Pharmacy, 202 10th Street SE, Suite 115, Cedar Rapids, IA 52403

Reutzel Pharmacy, 617 8th Avenue SE, Cedar Rapids, IA 52403

to release pharmaceutical information regarding my treatment to The APG Foundation to be used exclusively to determine my eligibility for assistance from the Foundation and to pay pharmacy bills on my behalf.

Patient Signature: _____

Pharmacist:

Note that the reimbursement is limited to a maximum of \$1,500 for medications, and up to \$300 for prostheses, including mastectomy bras, per patient per 12-month period. The APG Foundation will provide reimbursement up to \$300 for a lifetime limit of one wig. **The first time a patient presents this form, please either mail or email a copy to The APG Foundation.**