



The APG Foundation
 P.O. Box 1248, Cedar Rapids, IA, 52406-1248
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 Email: info@apgfoundation.org

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.

Financial Assistance Application

Eligibility Requirements:

- Applicant must be a resident of Iowa, and
- Applicant must currently be undergoing treatment in Linn or adjacent counties (Benton, Buchanan, Cedar, Delaware, Iowa, Johnson and Jones) for cancer or blood disease.

Applicant Information

Name of Applicant: _____

Address: _____

Telephone: _____ Date of Birth: _____

Email address: _____

Physician's name: _____

Physician's office address: _____

- I have enclosed a **pharmacy receipt(s)** that includes the purchase date, name of medication and amount paid and/or a supplier's receipt that includes purchase date, name of item purchased and amount paid.
- I don't have receipts yet.

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 related medical items or services.
- I understand that information provide here will only be used by the APG Foundation for processing financial assistance requests and will not be provided outside the APG Foundation.
- I agree to provide further information if needed.

Applicant Signature: _____

How did you learn about APG Foundation?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> My doctor | <input type="checkbox"/> Web search |
| <input type="checkbox"/> A friend or family member | <input type="checkbox"/> Other _____ |

Mail the completed application and supporting documents to The APG Foundation.

***Note:** Reimbursement is limited to a maximum of \$3,000 for all medical services supported by the APG Foundation per patient per 12-month period.*