The APG Cancer Foundation
P.O. Box 1248, Cedar Rapids, IA, 52406-1248
319-521-9596 ● apgfoundation.org
Email: info@apgfoundation.org

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

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 Cancer Foundations would delay taking the necessary medications, you may send the patient directly to Reutzel Pharmacy or CarePro Compounding. Arrangements have been made with these two pharmacies to bill the Foundation directly.

Please have patient complete the Patient Information and Authorization below.

Ordering Physician:

Physician's Name (Please print) _____

Physician's Signature _____

Patient Information and Authorization:

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: _____

Date of Birth: _____ Telephone: _____

Email Address: _____

I hereby authorize the pharmacy (choose one)

- ☐ **Reutzel Pharmacy**, 617 8th Avenue SE, Cedar Rapids, IA 52403
- ☐ **CarePro Compounding**, 402 10th Street SE, Suite 300, Cedar Rapids, IA 52403

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

Patient Signature: _____

Pharmacist:

Note that the foundation will cover patient expenses for their treatment up to $500 for each patient per 12-month period. **The first time a patient presents this form, please mail a copy to The APG Cancer Foundation.**