

Head & Neck Cancer Financial Assistance Program Guidelines

Introduction

As part of 21st Century C.A.R.E.'s mission to provide financial assistance to cancer patients in need, we endeavor to award assistance to eligible patients with a diagnosis of Head & Neck cancer.

Geographic area served

Southwest Florida

Grant categories

- Co-pays/Co-insurance for rehabilitation therapy treatment
- Physical, Occupational & Speech Therapy
- Nutritional supplements and tube feeding
- Compression garments
- Trismus devices
- Dietician consultations
- Dental Procedures will be considered on a case by case basis
- Other supplies or services if related to Head & Neck cancer care may be considered on a case-by-case basis

Eligibility

- Must have a social security number
- Must be referred by a qualified medical provider
- A maximum assistance of \$2,000 per year per patient (the year starts on the date the application was signed by the patient)
- Must be a resident of the United States and living or receiving treatment in the geographic area(s) noted above
- Must have a diagnosis of Head & Neck cancer

Application and evaluation procedures

Financial assistance will be made on an ongoing basis. There are no specific deadlines. An application form must be completed and submitted to the main office of

21st Century C.A.R.E. by fax, e-mail, or regular mail. The following documents must be submitted along with the application:

- Proof of the patient's social security number
- Proof of income (tax statement, pay stub, income statement)

Once all the requested information is received, the application will be processed. Financial assistance will be made on a case-by-case basis by 21st Century C.A.R.E.'s Financial Assistance Committee. The action of a majority of the Committee shall be the final decision of approval or disapproval. In exceptional circumstances deviations to the eligibility and assistance categories may be made, with the unanimous approval of the full Financial Assistance Committee. Financial assistance will be awarded without regard to race, national origin, gender, or sexual orientation. The Committee reserves the right to suspend or terminate this financial assistance program if sufficient funds are not available. All information received will be confidential.

Payment

Payment will be made by check or credit card. The vendor or provider of the goods or services will be paid directly. No payments will be made to the patient.