Roots & Ribbons
FOUNDATION

Application for Recurring Financial Assistance

Applicant must provide proof (paid receipt, statement/bill and/or EOB) of *current need* for financial assistance. All recurring applications for financial assistance will be reviewed on a case-by-case basis by Roots & Ribbons, and if approved, will be paid by reimbursement to the named applicant *or* paid directly to the medical provider for the treatment listed below. Roots & Ribbons will only reimburse/pay for recurring financial expenses up to $300.

Print Name _____ Date _____

Physical Address _____ Zip Code _____

Email: _____ Phone #: _____

Applicant Signature: _____ Date: _____

This section to be completed by *Physician ONLY:*

I confirm that _____ was initially diagnosed

with Stage _____, _____
(Diagnosis)

Breast Cancer on _____ and remains *to date* under my care.
(Date of Diagnosis)

The current financial need related to her ongoing treatment is _____

_____

Attending Physician Name (Printed): _____

Attending Physician Signature: _____ Date _____

Name of Physician's Group/ Practice: _____ Phone # _____

Please return fully completed application and a copy of receipts for expenses as documentation of need by email to rootsandribbonsfoundation@gmail.com, by Fax to 985-395-9578, or by mail to: P.O. Box 1487, Morgan City, LA 70381

Administrative Use Only Application Approved Application Denied

Signature _____ Date: _____

VISA card Amount _____ Date: _____ Delivered by: _____

Recipient Signature _____ Printed Name _____