

Support Service Fund: 2020 Application & Guidelines for Financial Assistance

Maine Breast Cancer Coalition
www.mainebreastcancer.org
phone: 207-945-0008 fax: 207-945-0200

Application Valid until 10/30/20. No applications will be accepted after that date.

The **Maine Breast Cancer Coalition (MBCC)** is a non-profit, grassroots, volunteer-based organization established in 1992. MBCC is dedicated to making a positive difference in the health of Maine people through financial support for underserved people with breast health or breast cancer needs, advocacy for breast cancer research and legislation, and education to promote knowledge about breast cancer and quality care. ***The Support Service Fund is an assistance program that provides Maine residents in need with financial help for breast health or breast cancer-related services or items.***

The *Support Service Fund (SSF)* is supported in part by the Maine Breast Cancer Specialty License Plate Program; Maine CDC Breast and Cervical Health Program contract funds supported by a Cooperative Agreement from the federal Centers for Disease Control and Prevention; dedicated fundraisers by organizations and businesses, and individual contributions by members and supporters of MBCC.

To Qualify:

- There are no income level requirements but **you must indicate a financial need not able to be met by other available resources.** (See pages 4 and 5 for a list of resources or visit the Resources page of our website at www.mainebreastcancer.org/support/resources.cfm for a list of additional resources that might help you.)
- You must be a Maine resident.
- Your requests must be related to breast health or breast cancer, and must be SSF-eligible requests.
- Medical bills must not be more than 12 months old and must be itemized.
- Bills for services/items previously submitted are not eligible for reconsideration.
- You must not have exceeded the per-person assistance limit set by the MBCC.

To Apply: Please apply before receiving services whenever possible.

- Please read all 5 pages of this financial assistance packet.
- **You must complete all blanks and the 12 questions of the confidential financial assistance application on pages 2-3.** Attach the following:
- Attach a copy of the order or prescription from your healthcare provider.
- Attach a copy of the bill or estimate of the charges from the supplier of the service(s) or item(s). **Medical bills must be itemized.**
- *Special instructions for assistance with travel to treatment: You must submit a list from your service provider of dates of appointments that required you to travel. Ask your service provider for the list or have them fax the list to MBCC. **Do not send medical records.**
- Mail or fax only pages 2 and 3 with supporting information to the Maine Breast Cancer Coalition. ***Do not send pages 1, 4, and 5. Keep these pages for your reference.***

The Support Service Fund Committee will review all applications. All decisions are final.

- **Only fully completed and signed applications with attached supporting information will be considered.**
- Applicants will be notified in writing of the Committee's decision, usually within seven business days.
- If approved, all invoices must be received within **30** days of the date of your notification letter to remain eligible for payment.

Maine Breast Cancer Coalition
499 Broadway, PMB 362
Bangor, ME 04401-3460
phone: 207-945-0008 fax: 207-945-0200

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All items on pages 2 and 3 must be completed. Please print clearly.

See page 1 for guidelines and instructions. Please call 207-945-0008, or email ssf.mbcc@mainebreastcancer.org if you need help to complete the application.

Name: _____ date of birth: _____ age: _____ gender: _____

Address: _____

City/Town: _____, ME Zip _____ County _____

Phone: Day _____ Eve. _____ Email _____

1. ___ Service(s) or item(s) requested: _____

2. ___ Cost of service(s) or item(s): _____

3. ___ For pre-approval of a medical service you have not yet received, enclose a copy of the order or prescription from your healthcare provider and an estimate of cost.

and/or

4. ___ For services or items already completed or received, enclose a copy of the bill. **(must be itemized)**

5. **Insurance information: Check all that apply and list annual deductible if you have one.**

___ no insurance ___ MaineCare ___ Medicare ___ disability insurance

___ other insurance (specify) _____ annual deductible \$ _____

6. Yes ___ No ___ Have you applied for the Maine Breast and Cervical Health Program?
If so, do you qualify? Yes ___ No ___ (Please see attached *Breast Health/Breast Cancer/General Resources* list, page 4, and call 1-800-350-5180 or TTY 287-8015 to inquire about eligibility.)

7. Yes ___ No ___ Are the services or items you are requesting covered by your insurance, Medicare, MaineCare or hospital free care/discount programs, state/city/town programs, or any other programs? Please see the attached *Travel, Lodging, Breast Health/ Breast Cancer and General Resources* list on pages 4-5.

If partially covered, please explain: _____

8. Have you been diagnosed with breast cancer? Yes ___ No ___ Month & Year diagnosed ___/___

If you checked "yes", please check off treatment you are **currently** receiving. **Check only one:**

___ chemotherapy ___ breast cancer surgery or reconstructive surgery ___ radiation
___ breast cancer treatment pills you take at home such as tamoxifen, Femara, Arimidex, etc.

If you checked any **current treatment**, how many people, including you, live in your household? _____

IMPORTANT! APPLICATION CONTINUES ON NEXT PAGE

9. How did you learn about the *Support Service Fund*? _____

If you were referred by a patient navigator, social worker, or other health care professional:

Name of person who made the referral _____

Where the above person is employed _____

Contact number for referrer (if available) _____

Contact email address for referrer (if available) _____

Do you give the Committee permission to discuss your application with this person? Yes ___ No ___

10. Have you applied to the *Support Service Fund* in the past? Yes ___ No ___ Year (s) _____

11. Explain why you require financial assistance:

* If you are requesting travel assistance, please read the “special instructions for assistance with travel to treatment” on page 1.

I understand that the Support Service Fund (SSF) is available only if I have a SSF-eligible financial need not able to be met by my insurance or other resources. I certify that I do not qualify for financial assistance from other sources as listed on the “Travel, Lodging, Breast Health/Breast Cancer and General Resources” list on pages 4 & 5.

12. Signature: _____ Date: _____

Please remember: Your application cannot be processed unless you complete all of the items and complete ALL 12 of the questions. Incomplete applications will delay processing.
Mail or fax completed pages 2 and 3 with supporting attachments to the address below.

Keep pages 1, 4, and 5 for review and use as needed. DO NOT send them with your application.

**Support Service Fund Committee | Maine Breast Cancer Coalition | 499 Broadway, PMB 362
Bangor, ME 04401-3460**

phone: 207-945-0008

Fax: 207-945-0200

Travel, Lodging, Breast Health/Breast Cancer and General Resources

For a more comprehensive resource list, visit MBCC's Resource page at <https://www.mainebreastcancer.org/support/resources.cfm>

Travel Assistance (county-based):

If you live in any of the following* counties, you may qualify for free transportation or mileage reimbursement for travel to and from breast cancer treatment, support services, and diagnostic services. There is no income level requirement. **Contact the individual program to find out more.**

*Androscoggin, Franklin, or Oxford Counties: **Community Concepts** 1-800-866-5588 or 207-795-4065
<http://community-concepts.org>

*Hancock, Washington Counties: **Beth C. Wright Cancer Resource Center** 207-664-0339 www.bethwrightcancercenter.org

*Penobscot and Piscataquis Counties: **Cancer Care** Program 973-3695 or 1-866-853-5969
<https://www.penquis.org/services/transportation> Provides rides or mileage reimbursement for medical treatment of cancer, diagnostic services, and support groups.

*York County: **Connecting to Cancer Care** 207-324-5762 yccac.org

Travel Assistance in Any Counties:

Angel Flight Northeast: 1-800-549-9980 or www.angelflightne.org Arranges free flights for those requiring access to medical care

Patient AirLift Services: <http://www.palservices.org/> Arranges volunteer medical flights and free air transportation for needy individuals throughout the greater Northeast region.

Road to Recovery: free transportation to treatments (through American Cancer Society 1-800-227-2345)
<https://www.cancer.org/treatment/support-programs-and-services/patient-transportation.html>

Lodging Assistance for People in Cancer Treatment

Arbor House: Located near Central Maine Medical Center in Lewiston, Arbor House provides lodging for patients and their families. For more information about Arbor House, call 207-795-2691. <http://www.cmmc.org/cancer-care-arbor-house>

AstraZeneca Hope Lodge, Boston, MA offers a free place to stay for patients who travel to Boston for treatments. 617-396-5514 or 800-227-2345 <https://www.cancer.org/treatment/support-programs-and-services/patient-lodging/hope-lodge/boston/about-our-facility.html>

Sarah's House of Maine, Holden: Sarah's House is a place where CancerCare of Maine patients can find a home away from home while undergoing their treatments. *All patients must be referred by the patient advocate team at CancerCare of Maine (Brewer);* they can be reached at 207-973-7478.

County-based Resources

CarePartners coordinates the provision of donated healthcare services for low-income, uninsured residents in five Maine counties (Cumberland, Knox, Lincoln, Waldo and York). The program, a partnership between MaineHealth, physicians, hospitals and other healthcare providers, helps community members who don't qualify for public or private healthcare coverage programs get comprehensive, medically necessary healthcare. 877-626-1684 mainehealth.org/carepartners

Beth C. Wright Cancer Resource Center: Ellsworth 207-664-0339 www.bethwrightcancercenter.org Serves people in Hancock and Washington Counties who have been diagnosed with cancer, and at times can assist with transportation and other costs.

Pink Aroostook: A breast health program of Cary Medical Center designed for support, advocacy, education and awareness of breast health issues throughout Aroostook County. Provides educational and limited financial resources to people with a breast cancer diagnosis living in Aroostook County. 207-551-4284 <http://www.carymedicalcenter.org/pink-arostook/or> www.facebook.com/pinkarostook

Washington Hancock Community Agency: (207) 664-2424 www.whcacap.org

A community action agency dedicated to fighting poverty and helping low-income people in Down East Maine. They offer a wide range of services including heating assistance, transportation, weatherization, and more.

General, Medical, and Support Resources (Also see County-based resources.)

2-1-1 Maine is a comprehensive statewide directory of over 8,000 health and human services available in Maine. The toll-free 2-1-1 hotline connects callers to trained call specialists who can help 24 hours a day, 7 days a week. www.211maine.org.

CancerCare Co-Payment Assistance Foundation (not to be confused with CancerCare of Maine) is a non-profit organization that helps people being treated for cancer pay for the **insurance co-payments** on the prescription medicines they need. To find out if you are eligible, call 1-866-55-copay (1-866-552-6729) or go to <http://www.cancercopay.org>.

Cancer Support Center of Maine: 207-322-0960 <https://www.cancersupportcenterofmaine.org> Provides free services to cancer patients and survivors in Maine through outreach, education, advocacy, and social support; helps people navigate the often complex and confusing bureaucracy of health management in a time of crisis. Emphasis on free or reduced-cost programs.

Caring Connections, Bangor: 207-941-2808 <http://www.caringconnectionsmaine.org/> A non-profit collaborative program between the Bangor Region YMCA and Northern Light Eastern Maine Medical Center. Offers breast cancer support groups, and no-cost breast and cervical screenings for qualified women age 40-64 through the Maine Breast & Cervical Health Program.

Heating Assistance: *(Also see Washington Hancock Community Agency listing.)*

Contact the **Community Action Program (CAP)** office nearest you. Local listings can be found at www.mainehousing.org or call the Low-Income Home Energy Assistance Program (LIHEAP) at 207-626-4600 or 1-800-452-4668. If hearing impaired: TTY 1-800-452-4603

Hospitals: Hospitals in Maine offer **reduced or no-cost** care to those who qualify. Call the hospital's billing office to apply for free or reduced-cost care. Also, call the social service dept. to see if there are other resources available at the hospital. Social workers, patient navigators, and patient advocates are available to assist patients with medical and financial needs.

Joe Andruzzi Foundation: <https://joeandruzzifoundation.org/how-we-help/> The Joe Andruzzi Foundation's Financial Assistance Program helps New England cancer patients and their families alleviate financial stress by providing one-time grants of up to \$800 to cover pressing daily living expenses, allowing them to focus on treatment and recovery.

Mabel Wadsworth Women's Health Center: Located in Bangor. 947-5337 or 1-800-948-5337 www.mabelwadsworth.org/ Mabel Wadsworth Women's Health Center offers annual exams, breast health and menopause education, and support to all Maine women, especially those who are of limited income, lesbian and/or women with disabilities.

Maine CDC Breast & Cervical Health Program (MBCHP): 1-800-350-5180, press 1; If hearing impaired: TTY 711 (Maine Relay) www.maine.gov/dhhs/mecdc/population-health/bcp/ Offers no-cost mammograms and Pap tests to women age 40 or older who qualify. Women diagnosed with breast or cervical cancer who qualify for MBCHP may also be eligible for free medical care through the Treatment Act.

MaineCare: 1-800-321-5557 or 207-287-2674, TTY 711 <http://www.maine.gov/dhhs/oms/contacts.shtml> Provides health insurance to people meeting income and asset restriction guidelines.

MaineHealth Cancer Care Network offers a comprehensive and helpful website for anyone affected by cancer. <http://mainehealthcancer.org> 1-844-944-8094

MaineHealth MedAccess Prescription Assistance Program: 1-877-275-1787 Provides help with paying for prescription medications.

Patient Access Network (PAN) Foundation: <https://www.panfoundation.org/index.php/en/> 866-316-PANF (7263). Provides **co-payment assistance** to underinsured patients with chronic diseases, including breast cancer. Qualified patients will be granted up to \$7,500 per year to cover out-of-pocket expenses associated with their treatment.

Patient Advocate Foundation 1-800-532-5274 or www.patientadvocate.org A national non-profit organization that provides professional case management services to Americans with chronic, life-threatening, and debilitating illnesses. PAF case managers serve as active liaisons for you and your insurers, employers, or creditors to resolve insurance, job retention, and debt crisis matters as they relate to your diagnosis.