



Fertility Program Application

1. Complete all fields of the application. Incomplete applications will delay the processing of your application. This includes attaching supporting documentation.
2. Sign the application.
3. The completed application can be mailed to Foundation4Love, 2 Main St. 18-107 Biddeford, ME 04005, or emailed to info@foundation4love.org

Full Name _____ Gender _____

Address _____

Phone _____

Email _____

Diagnosis _____

Oncologist _____

ELIGIBILITY INFORMATION

What Chemotherapy drug regimen has your doctor prescribed?

Total Household Income _____ Household Size _____

Required Supporting Documentation (check all that apply)

- Applying before April 15th – copy of the first page of last years tax return
- Applying after April 15th – copy of the first page of last years tax return
- If on Social Security a copy of SSA 1099
- Copy of two most recent pay stubs for all employed members of household

INSURANCE INFORMATION

Do you have health insurance? (check one)

- Yes
- No
- I have applied for Insurance Coverage

If Yes, please list the type(s) of insurance and the name(s) of the carrier(s)



Fertility Program Application

AGREEMENT

You must sign this form before we can process your application.

Prior to Foundation4Love enrolling me into Foundation4Love Male Infertility Program with Boston IVF, I must :

- Complete this application and attach the requested forms.
- Agree that all information I have provided in this application is accurate and complete to the best of my knowledge.
- Agree that I have not been approved nor do I expect to be approved for insurance reimbursements from any organization that help pay the cost of this program.
- Give Foundation4Love permission to contact my oncologist and infusion center to verify the information I have provided in this application.

Your Signature

How did you hear about Foundation4Love?

- Friends/Family
- New England Cancer Specialists
- Social Media
- Dempsey Center
- Other *(please describe)*
