



# Cold Cap 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, 5 Clarks Hill Lane, Saco ME 04072, or emailed to [info@foundation4love.org](mailto: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)

\_\_\_\_\_

\_\_\_\_\_



## Cold Cap Program Application AGREEMENT

Prior to Foundation4Love enrolling me into Foundation4Love Cold Cap Program with Paxman, I must complete this application and attach my W2 tax return.

Once approved, Foundation4Love will fax completed form to Paxman and I will wait to hear from Paxman on further instructions with billing.

Foundation4Love makes no guarantee regarding the effectiveness of any scalp cooling treatment and that I should consult with a medical professional before undergoing scalp cooling treatment. All information I have provided in this application is accurate and complete to the best of my knowledge.

I have not been approved nor do I expect to be approved for insurance reimbursements from any organization that help pay the cost of my scalp cooling treatments.

I give Foundation4Love permission to contact my oncologist and infusion center to verify the information I have provided in this application.

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**Your Signature and today's date**

**How did you hear about Foundation4Love?**

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

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\* If you have applied or are applying to your insurance company, you will receive a Letter of Acceptance from Foundation4Love upon review and acceptance of your application and supporting documentation.

\* If you have any issues submitting online, the completed application can also be emailed to [info@foundation4love.or](mailto:info@foundation4love.or)