



# Foundation4Love Cold Cap Program

Foundation4Love is a Nonprofit who works with New England Cancer Specialist, providing services to their cancer patients. Our Cold Cap Program was designed in 2019 to help people who are undergoing Induced alopecia chemotherapy and who cannot afford to pay for scalp cooling treatments.

## Who qualifies for assistance?

In order to be eligible for financial assistance, you must:

- Be an active patient at New England Cancer Specialist
- Be a patient who has been diagnosed with a solid tumor cancer. (Scalp Cooling is not recommended for blood/Hematological cancer patients.)
- Demonstrates financial need. Please see eligibility requirements below.

HOUSEHOLD SIZE	HOUSEHOLD INCOME
1	\$85,000 or less
2+	\$120,000 or less
3+	\$170,000 or less

- Be using a Scalp Cooling System from **Paxman Scalp Cooling**.
- If at any time during your treatment you apply for, plan to apply for or receive financial assistance for your scalp cooling treatments from any other organization you must inform us immediately as this may impact your ability to qualify for Foundation4Love assistance.
- Funds provided by friends, family or fee discounts made available by the scalp cooling suppliers specifically to not need to be identified.

**PLEASE NOTE:** We will provide assistance on expenses once your application has been approved.

## When will I be notified?

Within one week of submission of a completed application regarding the status of your application. If you have not heard back please contact us by email at [info@Foundation4Love.org](mailto:info@Foundation4Love.org)

## Amount of assistance and how will I be reimbursed?

- If eligible (see chart on Page 1), the total assistance amount that will be available to you given from Foundation4Love will be \$500.
- Paxman will also be giving a 25% discount off the total amount of \$2200.

**\*\*\*Therefore, the total amount responsible from the patient would be \$1,150\*\*\***

*You will work with Paxman directly with billing and payments. Paxman will reach out to you once your application has been approved by Foundation4Love.*

# Patient Instructions

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

## Your Information

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

What Chemotherapy drug regimen has your doctor prescribed?

## ELIGIBILITY INFORMATION

Total Household Income: \_\_\_\_\_

My Household Size:

Required Supporting Documentation (select one):

- Applying before April 15<sup>th</sup> – copy of the first page of last years tax return
- Applying after April 15<sup>th</sup> – 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

Certain insurance companies are stating to provide some coverage for scalp cooling, however coverage for scalp cooling is not yet standard in the United States. Reimbursement varies depending on carrier, plan and location. Regardless of provider we encourage all patients to ask their carrier for cover treatments.

**Do you have health insurance?**

**What type of insurance?**

**Who is your insurance carrier?**

**Have you applied for insurance coverage?**

**Additional Notes (Optional)**

*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.*

# AGREEMENT

**You must sign this from before we can process your application.**

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.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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