

BOSOM BUDDIES
Breast Cancer Support Group of Southwestern Colorado, Inc.

Breast Cancer Support Group of Southwestern Colorado, Inc. Application

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone: _____ Referred by: _____

Send to:

Breast Cancer Support Group of Southwestern Colorado, Inc.

C/O Jenny Sullivan/Denise Weaver at P.O. Box 906 Telluride, CO 81435

Question: Jenny Sullivan at 970-728-4104

FINANCIAL INFORMATION

My household consists of _____ adults and _____ children.

My household income was \$ _____ for the last calendar year.

My estimated household income for this calendar year is \$ _____.

I am attaching the following financial documents:

- Copy of most recent income tax return.
- Employer verification of my earnings this year.
- Other

MEDICAL INFORMATION

I am requesting financial assistance for:

- Mammogram
- Radiologist
- Prosthesis (Maximum \$200.00)
- Other _____

INSURANCE INFORMATION

My medical insurance company is _____

The expenses, which will be covered by my insurance, are: _____

- I do not have medical insurance coverage.
- I do not have Medicare/Medicaid coverage.
- This is a follow up care (application on file).

SIGNING THIS APPLICATION WILL GIVE BOSOM BUDDIES PERMISSION TO ACCESS YOUR HOSPITAL RECORDS FOR PROCEDURES FOR WHICH YOU ARE REQUESTING ASSISTANCE.

Applicant Signature: _____ Date: _____