

Patient Assistance Program  
**Patient Application**

**Documents Required:**

- Completed Patient Application
- Copy of patient's most recent tax returns
- One Letter of Recommendation (nonfamily member)
- One form of ID

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address (please no P.O.B): \_\_\_\_\_

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

Last 4 digits of SSN: \_\_\_\_\_ Email: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Patient Expense:** \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Reference:

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

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

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Yes /  No – May a Helping Hands representative communicate with your physician to get the following information: diagnosis, treatment plan, prognosis, and projected expense.

\_\_\_\_\_ Patient Signature \_\_\_\_\_ Date

Please do not write below this line.

**Approved** Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Denied** Date: \_\_\_\_\_

## Patient Assistance Program Privacy and Disclosure Statements

### Application Forms

If you apply for assistance on our site, we require that you provide certain personally identifiable information including the following:

- Your Name,
- Address,
- Phone Number,
- Email Address, and
- Social Security Number.

This information is necessary to process your application and to contact you.

### Social Security Numbers

In order to protect your privacy we ONLY require you to confirm the last four digits of your Social Security Number. Never disclose the entire number for transmissions over the internet.

### Security

The Security of your personal information is important to us. When you enter sensitive information (such as credit number and/or social security number) on our website forms, we encrypt that information using secure socket layer technology (SSL).

We follow generally accepted industry standards to protect the personal information submitted to us, both during transmission and once we receive it. No method of transmission over the Internet, or method of electronic storage is 100% secure, however. Therefore, while we strive to use commercially acceptable means to protect your personal information, we cannot guarantee its absolute security.

### Legal Disclaimer

We reserve the right to disclose your personally identifiable information as required by law and when we believe that disclosure is necessary to protect our rights and/or to comply with a judicial proceeding, court order, or legal process served on our Web Site.

### PRIVACY Statement

We DO NOT share your personally identifiable information with any third party. Your information is intended for the sole purpose of maintaining our records and verifying legitimate projects and contributions at Helping Hands Charitable and we will never release your information to any individual or company. Refer to our legal disclaimer for exception.

**I have read and accept the Helping Hands Patient Assistance Program Privacy and Disclosure Statements.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date