



The *Women's Way* Resource Fund may assist with payments of diagnostic procedures and specific treatment procedures not covered under the *Women's Way* program that require follow-up from the initial breast and cervical cancer screening appointment.

- Please attach a copy of your medical bills, your medical records, supporting diagnostic tests and treatment (if provided) and return to Custer Health (ATTN: *Women's Way*).

Date: _____

Name: _____

Address: _____

City: _____ State: ND Zip Code: _____

Phone Number: (Home) _____ (Cell) _____

Amount of Funds Requested: _____ Total Payment Owed: _____

Procedure Performed:

Medical Insurance: No _____ Yes _____ Name of Insurance:

Amount Paid by Insurance: _____

Medical Facility Financial Assistance Received: _____

Additional Comments:

I understand

- The Resource Fund criteria and agree to the terms stated.
- I am responsible for the amount of the bill that is not paid by this Resource Fund.
- All contributions to the Resource Fund are from donations; therefore the amount of funding available may vary. The maximum amount payable to each applicant is \$2,000.00.

All information given is accurate and true.

Client Name (Printed):

Client Signature:
