MEDICAL ASSISTANCE

Cancer Screen/Treatment Medivac Elder

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message Phone: \_\_\_\_\_\_\_\_\_

Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the patient a Borough Resident? Yes No

Is travel covered? Yes No

Are meals covered? Yes No

Is housing covered? Yes No

Does the patient have Health Insurance? Yes No

Does the patient have Denali Kid Care? Yes No

Does the patient have Medicaid? Yes No

Is the patient on Public Assistance? Yes No

**PLEASE ATTACH COPY OF MEDICAL APPOINTMENTS/COVERAGE**, failure to attach document may result in denying assistance.

# **PLEASE NOTE THERE IS ONE CHECK RUN PER DAY; REQUESTS AFTER THE DAILY RUN WILL BE PROCESSED THE FOLLOWING BUSINESS DAY. THE CHECKS WILL HAVE TO BE PICKED UP AT THE BOROUGH OFFICES IN KOTZEBUE, THIS IS THE APPLICANTS RESPONSIBILITY, NO EXCEPTIONS. The Borough will not be responsible for deliver or pick up of donation requests,**

**also the assembly will be notified of the amount and your name.**