



**ELIGIBILITY:**

**CANCER DIAGNOSIS:** In order to qualify for non-medical financial assistance, a woman must have received a gynecologic cancer diagnosis or recurrence due to a GYN Cancer. Clients must be currently undergoing chemo/radiation treatment. **Once you are not receiving chemo/radiation treatment, we no longer offer Non-Medical Financial Assistance. We do however offer other resources in your community.** *Patient's medical status must be verified by a physician or physician's representative on GYNCA medical form. We will update your treatment status quarterly to determine financial qualifications.*

**FORMS:** Members seeking assistance will be required to complete **ALL FORMS** requested by GYNCA. Complete the following forms: member information form, financial assistance application, the acknowledgment/signature line of the non-medical financial assistance guidelines (*this form*), medical certificate form (completed by someone in your gynecologic oncologist's/radiologist's office) and a Non-Medical Financial request form for gas cards. **You must also sign each form.** You may be asked to update these forms every year.

**RESIDENCE:** A woman receiving financial assistance from GYNCA **MUST be a resident of Southwest Missouri and reside in one of these Missouri Counties:** Barry, Barton, Camden, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, Shannon, St Clair, Stone, Taney, Texas, Vernon, Webster, or Wright.



**AGE:** We do not discriminate based on age.

**INSURANCE:** We do not discriminate based on Insurance Status.

*Terms and availability of non-medical financial assistance are subject to revision, amendment or discontinuance at any time and at the sole discretion of GYNCA's finance committee and/or board of directors. Decisions made by these committees are final.*

**All non-medical financial assistance requests have 3 requirements: (1) If you are *currently* in chemotherapy or radiation treatment, (2) Subject to board approval, and (3) If GYNCA has cash flow/funds available.**

***There is never a guarantee of financial assistance & is dependent on GYNCA's available funds.***

***If you have any questions, please call the GYN Cancers Alliance office at 417.869.2220.***

I, \_\_\_\_\_, have read the "Emergency Non-Medical Financial Assistance Guidelines" form & understand its contents. I understand it is not a guarantee of funding.

\_\_\_\_\_  
**SIGNATURE OF MEMBER**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

By signing this form, you grant GYN Cancers Alliance permission to get updates from your doctor as needed to verify treatment for Non-Medical Financial Assistance for 3 years from date signed.

Send completed form to GYN Cancers Alliance, 3039 S Fort Avenue Suite A, Springfield, MO 65807 or email to [info@gynca.org](mailto:info@gynca.org).

Please do not fax this form, as the fax will come through as a black page.