



**The Ethel Precht HOPE Breast Cancer Foundation
Financial Assistance Application
Calcasieu and Cameron Parish Residents Only**

If you or someone you know is undergoing treatment of any kind pertaining to Breast Cancer and are interested in receiving financial assistance with purchasing of wigs, prosthesis, or certain tests that are deemed medically necessary, please complete this application and return it to the address listed at the bottom of the page. Coverage of many items will be reviewed on a case by case basis. Please apply even if you have insurance. Insurance has no effect on receiving an award from the foundation. Receipts or copies of receipts are required along with a Physician's diagnosis.

PLEASE PRINT

DATE: ____ / ____ / ____

PATIENT INFORMATION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARISH: _____ PHONE: () _____

DIAGNOSIS: _____ DATE OF DIAGNOSIS: ____ / ____ / ____

PHYSICIAN INFORMATION

NAME: _____

HOSPITAL/CLINIC: _____ PHONE: () _____

Signature of Person Applying: _____

Please Return Completed Application with receipts attached to:

**Ethel Precht HOPE Breast Cancer Foundation
165 W. Precht Road
Bell City, LA 70630**

Call (337) 905-0327 or email info@EthelBreastCancerWalk.org with any questions!

Ethel Precht HOPE Breast Cancer Approval

RECEIPTS PROVIDED: _____ **DATE OF SERVICE:** ____ / ____ / ____

SERVICES PROVIDED: _____ **AMOUNT:** _____