Revised: 6/30/17

San Juan Medical Foundation
Cathy Lincoln Memorial Cancer Fund

Application for Financial Assistance – CONFIDENTIAL

Application must be complete to process

Date: _____ Date of Birth :_____ San Juan County Resident: Yes ___ **or** No ___

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Race/Ethnicity (Required for grant reporting) Asian ___ Hispanic ___ Caucasian ___
African American ___ Native American ___ Other _____

Employer: _____ # of Dependents in household: _____

Primary Medical Insurance Company: _____

Do you have medical coverage under any of the following?
Medicare: _____ Medicaid: _____ Supplemental Insurance: _____ IHS: ____ Other: _____

Reason for Funding Request: _____

Amount of funding requested: $_____ Payable to: _____

What is your diagnosis? _____

Treating Physician's Name: _____ Clinic/Office: _____

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Amount Approved: _____
Declined (Y/N): ____ Reason for decline: _____
Approved by: _____ Date: _____

Guidelines

1. This fund is designed to provide financial assistance to underinsured or low income women, 18 years or older in need of cancer related medical services.
2. Must reside in San Juan County, NM, or be receiving treatment in San Juan County, NM.
3. Funding to be utilized only for current diagnosis or treatment of no more than 6 month retro. Medical bills that are 6 months or older will not be covered, including those at a collection agency.
4. Any remaining balance is the responsibility of the client. San Juan Medical Foundation will not be considered a secondary insurance.
5. Covered services may include medical exams, procedures, medication and other cancer related services.
6. Applicants are encouraged to seek other sources of Funding such as County Indigent Fund 505-334-4288, San Juan United Way 505-326-1195 or the New Mexico Breast and Cervical Program 877-852-2585.
7. Questions or concerns, contact the SJR Cancer Center Nurse Navigator at 505-609-6089.
8. Completed applications should be turned in at 730 S. Lake Street, Farmington, NM, 87401, faxed to 505-609-2272, emailed to mwarren@sjrmc.net or mailed to San Juan Medical Foundation, PO Box 110, Farmington, NM 87499.