

# Gulf Coast *Wings* of Hope, Inc.

*Supporting Families of Children with Cancer and Blood Disorders*



## **PATIENT FINANCIAL AID PROGRAM**

### **ABOUT THE PROGRAM**

Gulf Coast Wings of Hope, Inc. offers financial assistance to families of children, age newborn to 18, with cancer and blood disorders. Gulf Coast Wings of Hope, Inc. provides eligible patients with up to \$500 per year to help offset the costs of prescriptions and co-pays.

### **WHO SHOULD APPLY**

Any Gulf Coast child resident undergoing treatment for cancer or a blood related disease that does not receive Medicaid may apply.

### **HOW TO APPLY**

Please follow these steps to apply:

1. Request a Patient Financial Aid Application form. Application forms are available with this brochure and also online at: [www.wingsofhopeinc.org](http://www.wingsofhopeinc.org).
  - a. Complete and sign your part of the application.
  - b. Ask your doctor, nurse, or social worker to fill out and sign the box at the bottom of the form. Signatures must be original – stamps, photocopies, or initials cannot be accepted.
  - c. Mail your application to:  
Gulf Coast Wings of Hope, Inc.  
6530 N. Blue Angel Parkway  
Pensacola, FL 32526
  - d. GCWOH staff will respond to your application with a letter within 10 business days stating whether or not your application has been accepted.
  
2. After your application is accepted, you may submit reimbursement requests for expenses not covered by your insurance to Gulf Coast Wings of Hope. GCWOH will give you the “Request for Reimbursement” form to send in with your receipts. This form is also available online at: [www.wingsofhopeinc.org](http://www.wingsofhopeinc.org). Remember to...
  - Save all your receipts
  - Send the original receipts in with your forms
  - Keep copies for your records
  - Tell GCWOH if your address or phone number changes

## COVERED EXPENSES

The program will reimburse you up to \$500 per year for prescription costs and co-pays for doctor's visits related to your cancer or blood disorder treatment that are not covered by your insurance.

## HOW WILL YOU GET REIMBURSED?

In order to be reimbursed for related expenses, you must apply to be enrolled in the program.

- Fill out the "Request for Reimbursement" form
- Have your healthcare provider or social worker sign the form
- Submit the completed form with your original receipts to GCWOH

Payment will be mailed directly to you. Payments are generally mailed within 2-3 weeks after all needed information is received.

## THE REIMBURSEMENT PERIOD

- The Patient Financial Aid Program begins each January 1 and ends each December 31
- You must have been enrolled in the program before December 31 in order to submit your expenses for the prior 12 month period
- Any requests for reimbursement of expenses that you had from January 1 to December 31 should be submitted by December 31.
- Your enrollment in the program will continue for the next year if you still have financial need and continue to undergo treatment.
- If you miss the December 31 deadline, you may still submit receipts for expenses incurred between October 1 and December 31.
- All reimbursement is based on Patient Financial Aid Fund availability.

*If you have any questions about whether an expense is reimbursable or how to fill out the application or reimbursement forms, please contact your healthcare provider, your social worker, or call Gulf Coast Wings of Hope, Inc. at (850) 607-7294*