

**The deadline for Fiscal Year 2011 (January 1, 2011 until December 31, 2011) is December 31, 2011. All patient aid requests for FY 11 must be received by this date. Expenses must be incurred between 1/1/11 and 12/31/11 to be paid for Fiscal Year 11 .**

**Patient Aid Program Request for Reimbursement**  
*Itemized Costs*

As a part of the Patient Financial Aid Program, patients may receive reimbursement for the cost of prescriptions and co-pays for doctor visits. Hospitalization, radiation therapy, transfusions and testing are not covered at this time. **Total expenses will be reimbursed for up to \$500.00 per year.** To receive reimbursement, please save your receipts, fill out the information requested below, and submit this form with your receipts to:

Gulf Coast Wings of Hope, Inc.  
 6530 N. Blue Angel Parkway  
 Pensacola, FL 32526  
 (850) 607-7294

Name of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

Complete Address \_\_\_\_\_

1) Drugs (Chemotherapy)

Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____
Name of drug _____	Cost of drug \$ _____

2) Co-Pays for Doctor Visits

Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____
Date of Visit _____	Co-pay cost \$ _____