

FAMILY INFORMATION

Applicant Name (If minor, Parent or Guardian)

Street or Mailing Address

City/State/Zip

Email Address

Home Phone ()

Work Phone ()

Fax Number ()

How did you hear about Drew's Team?

CLINIC INFORMATION

CF Clinic Location

Primary CF Doctor's Name

Case Worker/Social Worker's Name

Case Worker/Social Worker's Email

Case Worker/Social Worker's Phone ()

Best time frame to contact

Preferred mode of communication Phone Email Fax

PATIENT INFORMATION

Patient's Name

Patient Age Does the patient have insurance? Yes No

How many hospitalizations has the patient had in the last 12 months?

Estimated mileage to your CF hospital (Round trip)?

How often have you seen your CF doctor in the last 12 months?

Estimated mileage to your CF doctor's office (Round trip)?

Have you received any other financial assistance related to treatment? Yes No

If yes, how much did you receive? \$ When? (01/01/20xx)

FINANCIAL INFORMATION

Monthly Household Income (From all sources) \$

Itemized Monthly Household Expenses (Non-Medical Expenses)

Monthly Mortgage/Rent	\$ <input type="text"/>
Monthly Auto Loans/Insurance	\$ <input type="text"/>
Monthly Utilities	\$ <input type="text"/>
Monthly Credit Card Payments	\$ <input type="text"/>

Itemized CF-related Expenses in last 12 months

(Please provide applicable Explanation of Benefits, Receipts, etc)

Co-pays and non-covered doctor bills	\$ <input type="text"/>
Co-pays and non-covered physical therapy bills	\$ <input type="text"/>
Co-pays and non-covered medical supplies	\$ <input type="text"/>
Co-pays and non-covered pharmaceuticals	\$ <input type="text"/>
Travel Expenses - Hotel for overnight travel due to hospitalization	\$ <input type="text"/>
Travel Expenses - Parking at hospital and doctor visits	\$ <input type="text"/>
Travel Expenses - Mileage Reimbursement	\$ <input type="text"/>
Travel Expenses - Meals Reimbursement	\$ <input type="text"/>
Other Expenses	\$ <input type="text"/>

How much are you requesting for reimbursement? \$

**Please write a brief explanation of your "other expenses" below.