

The Pink Fund

The Pink Fund was originally established with proceeds from “Battle of the Buses” in September, 2011. The fund was initially developed to provide financial assistance to individuals for mammography and other cancer screening tests. Those tests include:

- Screening mammograms
- Additional views
- Diagnostic mammograms
- Breast sonography
- PSA screening tests, including well-male clinic visit charge
- PAP smear, including well-woman clinic visit charge

The Pink Fund was designated to assist individuals who do not qualify for other financial assistance programs due to age, medical history, are uninsured, underinsured or are without sufficient funds to cover the services.

A referral for services must be initiated by the patient’s physician or medical provider to Lindsborg Community Hospital. Upon completion of the application form, Lindsborg Community Hospital will review patient income and establish eligibility. Lindsborg Community Hospital assumes no responsibility in validating accuracy or reported income by patient.

Patient must have household income at or below 200% of the Federal poverty level and be:

- Uninsured - Defined as without public or private insurance coverage
- Underinsured:
 - Patient has only Medicare part A
 - Patient has private insurance with barriers such as restricted benefits, deductibles, or co-payments. (may include Medicare parts A & B if client cannot afford co-pay)
- Mammogram, ultrasound or lab screening must be done at Lindsborg Community Hospital.
- Limited funds are available, so priority will be given to patients who reside in the Smoky Valley service area and seek regular medical care with FHCC providers.
- To protect patient privacy, no financial or diagnostic information will be revealed beyond the “need to know” employees that process the application.

APPLICATION PROCESS:

COME WITH PROOF OF INCOME AND PRESCRIPTION to expedite your request.

- Call to schedule a convenient time to visit with Lindsborg Community Hospital Financial Resources, 785-227-3308, for eligibility determination. Have a prescription from a medical provider for the test.

- Upon determination of eligibility, he/she will be issued a Pink Fund voucher. The individual is then responsible for making an appointment for a mammogram, sonogram or laboratory test at the Lindsborg Community Hospital.
- Patient presents LCH a qualifying voucher on the day of the appointment to Admissions. The results of the exam will be sent to the ordering medical provider.
- LCH will issue a request for funding to the Pink Fund for payment.

Lindsborg Community Hospital will use the current year's guidelines for service as established by the Federal Poverty Guidelines, up to 250% per household size, but may allow for exceptions determined on a case-by-case basis.

The Pink Fund: Beyond the cancer diagnosis

With the over-whelming support of the people of the Smoky Valley, the Pink Fund has grown beyond the means it can give back by providing screening mammograms. Effective with the 4th Annual Battle of the Buses on September 13, the Pink Fund will offer financial assistance for cancer families in need in the form of grants from the Pink Fund.

Each year, **The Pink Fund** will designate up to \$3000 in total grants to individuals actively undergoing treatment for cancer. The funding is intended to provide assistance to a patient for the basic needs of health and well-being: nutrition, transportation, shelter and medicine. The funding will be at the discretion of the administrators of the Pink Fund and will be issued in the form of a combination.

A recipient may receive a maximum of \$500 per 12 month period. Each application must include a brief statement of financial need; a signed letter from a medical provider of the Lindsborg Community Hospital or treating oncologist and the completed application form. Limited funds are available, so priority will be given to patients who reside in the Smoky Valley service area and seek regular medical care with FHCC providers.

(see attachments for application)

Application
The Pink Fund: beyond the diagnosis

Patient Information:

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____

NAME OF PRIMARY CARE PHYSICIAN _____

NAME OF ONCOLOGIST _____

Applicant/Contact person if different from patient:

NAME _____ RELATION TO PATIENT _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE: _____

To protect patient privacy, no financial or diagnostic information will be revealed beyond the "need to know" employees that process the application.

Please attach a separate sheet of paper, or write on the reverse of this application page, a brief overview of your need. Please include:

- A diagnosis
- Your condition today
- A brief statement of financial need, including information about medical insurance and expenses not covered by the policy.
- A listing of expenses, actual or anticipated, for which funding is requested

"I have been diagnosed with cancer (or am submitting this application of behalf of a someone who has been diagnosed with cancer) and request assistance with costs associated with my treatment. With my signature, I hereby give permission to the staff of the Lindsborg Community Hospital to contact the parties listed in this application or attachments strictly for purposes of verification."

Signature of applicant

date

Pink for Families Covered Needs List

Items covered by Pink funds. Please keep this form for your reference

Nutrition

- Food, healthy beverages
- Dietary supplements
- Prepared meals, meal preparation

Shelter

- Rent/mortgage payment
- Utilities
- Necessary handicap accessibility addition, improvement
- Repair to HVAC, electrical, plumbing

Medicine

- Medical and dental care that is not otherwise covered by, but not limited to prescription and non-prescription medicine, hospital and hospice care, nursing or attendant care.

Transportation

- Costs associated with transportation to and from treatment and/or medical care, including fuel, repair, tires, service, cab or bus fare

The Pink Fund

Physician Verification, Patient Eligibility

THIS FORM IS TO BE COMPLETED AND RETURNED BY THE PHYSICIAN

DATE: _____

PHYSICIAN'S NAME _____

MAILING ADDRESS _____

SUBJECT: Eligibility Verification

The Lindsborg Community Hospital offers assistance from The Pink Fund to grant individuals actively undergoing treatment for cancer. The funding is intended to provide assistance to a patient for the basic needs of health and well-being: nutrition, transportation, shelter and medicine. The funding will be at the discretion of the administrators of the Pink Fund and will be issued in the form of a check. A recipient may receive a total of \$500 for each 12 month period they are receiving treatments.

Your patient, _____, has applied for benefits from the fund. In order to ensure funds are distributed to recipients meeting the criteria, please verify the patient has a cancer or cancer-related illness by signing below and returning this letter in the enclosed envelope. It must be received by a means other than being delivered by the patient; mailed to LCH at 605 W Lincoln, ATTN: Pink Fund, Lindsborg, KS 67456 OR by FAX, 785-227-4130.

For questions regarding this fund, please contact Laraine Gengler, CFO, at Lindsborg Community Hospital, 785-227-3308 ext 110 or hospital Administrator, Larry Van Der Wege at 785-227-3308 ext. 100.

Sincerely,

Betty Nelson
Director of Marketing & Development
Lindsborg Community Hospital

____ Yes, _____ does have a cancer or cancer-related illness
____ No, _____ does not have a cancer or cancer-related illness.

PHYSICIAN SIGNATURE

DATE