



# BIO-THERAPEUTICS EDUCATION & RESEARCH FOUNDATION

36 Urey Court, Irvine, CA 92617 ~ Phone: 330-644-0217 / Fax: 949-679-3001 ~ www.BTERFoundation.org

## Application for Patient Assistance Grant

Please complete this form and return it to any of the addresses above. Awardees may be eligible for subsidy of biotherapy products or free materials, depending upon individual needs and available resources.

By signing this form, the applicant (patient/representative) agrees to the terms of this grant, including the anonymous tracking of results of this program. The applicant also grants permission to their health care provider, insurance company, and all others involved with their health care, to release the information necessary to complete this application.

Unless this box is checked () , the applicant also grants permission to be included in a registry held by the BTER Foundation, for the purpose of contacting applicants about relevant studies and opportunities.

Personal information is not sold or distributed. Programmatic and anonymous clinical information may be analyzed, summarized, and/or published. Contact the BTER Foundation for any questions related to this Program.

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 1. Patient demographics and financial information -

Name of patient: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Insurance carrier (check all that apply):

Medicare

Medicaid

HMO: \_\_\_\_\_

PPO: \_\_\_\_\_

None

Other: \_\_\_\_\_

Approximate annual income:

< \$10,000/year

\$10,000 - 25,000

\$25,000 - 50,000

\$50,000-75,000

\$75,000 - 100,000

> \$100,000

Amount of support requested ( estimated /  actual /  unknown; therapy not complete): \_\_\_\_\_

For the following services:

Biotherapeutic supplies ( maggots /  leeches (not currently available) /  other: \_\_\_\_\_)

Other supplies or services: \_\_\_\_\_

Has therapy already begun? \_\_\_\_\_ Completed? \_\_\_\_\_

Duration or number of treatments ( estimated /  actual): \_\_\_\_\_

