PLUTA CANCER FOUNDATION

Patient Financial Assistance Program

*Supporting patients of the **Pluta Comprehensive Breast Care Program** of **Wilmot Cancer Institute***

You're Not Alone

Cancer affects more than your health — it touches your family, your daily life, and the moments you treasure. Unexpected expenses, travel for treatment, and work changes can add stress during an already challenging time. You don't have to face this alone **- Pluta Cancer Foundation is here to help.**

Our **Patient Financial Assistance Program** offers support for the financial pressures that often accompany a cancer diagnosis, so you can focus on what matters most: healing, family, and hope.

If the financial impact of cancer is creating added stress, we warmly encourage you to apply for support.
You are not alone in this journey – we are here for you and your loved ones every step of the way.

Ways We Can Help

We understand that treatment can bring added expenses and changes to daily life. Our financial assistance provides **gap support to help with eligible non-medical household costs**, providing support when you need it most. This may include rent or mortgage payments, car payments or auto insurance, utilities, and other essential living expenses.

Who We Can Support

- **Applicant must have a confirmed diagnosis of breast cancer.**
- **Applicant must be a current patient under the care of an oncologist within the Pluta Comprehensive Breast Care Program at Wilmot Cancer Institute.**
- **Applicant must be 18 years of age or older.**
- **Applicant must be in active treatment, defined as** *the period beginning with a cancer diagnosis and continuing through the administration of therapies by the Pluta Comprehensive Breast Care Program team, as well as up to six months following the completion of treatment.*
    - Qualifying active treatment therapies include:
        - Surgical procedures to remove the cancer, as well as any secondary surgical procedures
        - Chemotherapy
        - Radiation Therapy
        - Monoclonal antibody treatment
        - Immunotherapy
        - Oral targeted agents such as: CDK 4/6 inhibitors or PARP inhibitors
        - Living with metastatic disease and undergoing active therapies under the care of a Pluta Comprehensive Breast Care Program oncologist
    - NOT considered active treatment therapies and therefore ineligible:
        - Only receiving anti-estrogen therapy (ie. aromatase inhibitors or Tamoxifen)
        - Preventative care measures without a diagnosis of breast cancer

How To Apply

We know that taking the first step can feel overwhelming. Our goal is to make the process as simple and supportive as possible.

Please submit your **fully completed application** along with the **signed provider letter** directly to **Pluta Cancer Foundation**. To help us process your request efficiently, we kindly ask that both documents be submitted together.

You may submit your application in any of the following ways:

Pluta Cancer Foundation
Attn: PNF
125 Red Creek Drive, Suite 205B
Rochester, NY 14623

Molly_Grondin@urmc.rochester.edu

Suite 205B at Pluta Cancer Center

Once we receive your application, our Foundation team will get back to you within about **two weeks**.

Questions? We're Here To Help

If you're unsure about anything—eligibility, the application, or what to expect—please don't hesitate to reach out. We're here to listen, answer your questions, and support you however we can!

Molly Grondin, Program & Community Manager

Molly_Grondin@urmc.rochester.edu

(585) 486 - 0581

You're not alone in this journey—we're here to support you every step of the way.

Patient Financial Assistance Application

Supporting patients of the Pluta Comprehensive Breast Care Program

Personal Information

First Name: Last Name:

Address:

City: State: Zip Code:

Email:

Phone:

Medical History

Were you referred to Pluta Cancer Foundation? ◯ Yes ◯ No

If yes, by whom?

Are you a current patient of the Pluta Comprehensive Breast Care Program (PCBCP) at Wilmot Cancer Institute in active treatment** ? ◯ Yes ◯ No

Have you previously received patient financial assistance from Pluta Cancer Foundation? ◯ Yes ◯ No

Pluta Comprehensive Breast Care Program Information

Oncologist:

PCBCP Location:

Diagnosis Date: Age at Time of Diagnosis (Optional):

Diagnosis:

Current Active Treatment:

Oncologist Letter

A provider letter is required with application submission. Providers are familiar with this requirement, so please feel comfortable requesting one from them.

The letter should be on official letterhead that includes: *diagnosis, date of diagnosis, confirmation of current treatment plan, and signed and dated by your treating PCBCP Oncologist.*

Applications will not be accepted without the required provider letter.

How Can We Help?

In a short statement, please describe how your cancer diagnosis has affected your financial situation. Your comfort comes first—tell us only what you're ready to share. We're here for you.

No *I give PCF consent to share my story anonymously. (Your response will not impact funding approvals.)*

Where Is Support Needed Most? *Please indicate only ONE area where support is needed most.*

Rent/Mortgage Payment

Utility Payment (water, electric, gas, garbage)

Car Payment

Insurance Payment (car, life, homeowner's renter's)

Interest In Other Pluta Cancer Foundation Programs?

No *I am interested in receiving information via email regarding additional Pluta Cancer Foundation programs offered to eligible patients of the Pluta Comprehensive Breast Care Program, including holiday support and comfort bags for children.*

Financial Assistance Program Applicant Agreement

Thank you for taking the time to complete this application. Please review the information below carefully. These guidelines help us process your application as quickly and fairly as possible.

Application Submission & Review:
Please allow approximately two weeks from application submission for a response. Application submission does not guarantee approval. All applications are reviewed based on eligibility guidelines and available funding. Pluta Cancer Foundation Financial Assistance is intended as gap support and is not an emergency fund. We encourage applicants to explore additional community resources for long-term support.

Application Signature:
The application must be signed by the applicant only. An application is required for us to review your request, so please make sure all sections are filled out completely.

Oncologist Letter Requirement:
A current, signed, and dated letter from your Pluta Comprehensive Breast Care Program oncologist must be submitted with your application. Applications cannot be considered without this letter. The letter must include: date of current diagnosis, diagnosis, and confirmation of current treatment plan

Funding Limits:
The support this program can provide is limited and depends on available funding. An applicant may receive up to $2,000 in any rolling 12-month period, with a maximum lifetime assistance of $5,000.

Eligible Expenses:
Approved bills must be in the applicant's name, or in the name of a spouse or domestic partner living in the same household.

Ineligible Expenses:
Pluta Cancer Foundation is not permitted to pay medical bills, co-payments, credit card payments, or provide reimbursements of any kind.

Payment Processing:
Once approved bills are received, payments are made directly to the creditor/vendor and require a minimum of two weeks for processing. Pluta Cancer Foundation is unable to provide direct cash payments to applicants.

Applicant Acknowledgment

By signing below, I understand that applying for financial assistance is voluntary and that assistance is not guaranteed. I authorize Pluta Cancer Foundation to verify the medical information I have provided. I certify that the information submitted in this application is accurate and truthful to the best of my knowledge.

Signature of Applicant

Date