



Komen Cares MBC

Susan G. Komen Idaho Montana's Treatment Assistance Program

Komen Idaho Montana will reimburse MBC patients up to \$200/month for travel expenses to an NCI-designated cancer center, for a lifetime total of \$800

Patient Information: *(Must be an Idaho or Montana resident to qualify)*

Last Name First M.I.

Street Address Date of Birth

City State Zip

Email Address County

(_____) _____ (_____) _____
Home Phone # Cell Phone #

Race: American Indian or Alaska Native Black/African American White
 Other Unspecified

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Gender: Female Male Other

Medical Information:

NCI-Designated Cancer Center: _____ MD Name: _____

Patient Navigator/Nurse/Social Worker filling out application: _____

Date of Metastatic Breast Cancer Diagnosis: **Month:** _____ **Year:** _____

Please indicate all that apply for this patient :

- Patient is being seen for metastatic breast cancer related treatment
- Patient is participating in a clinical trial relating to metastatic breast cancer
- Patient is NOT receiving funding from a clinical trial for travel

Patients receiving funding for travel from a clinical trial are NOT eligible for Komen Cares MBC

PLEASE BE AWARE THAT FUNDS ARE LIMITED, AND BASED ON AVAILABILITY, AS WELL AS ON MEETING SUSAN G. KOMEN IDAHO MONTANA'S ELIGIBILITY REQUIREMENTS. Patient will be required to submit a travel expense form, W-9, and receipts before reimbursement will be issued.

I certify the information I have given on this application is true and correct to the best of my knowledge and belief in every respect.

Patient Signature Date Signed

Health Care Provider/Professional Signature Date Signed

If this form was mailed or emailed to you, you may return via mail to:

Susan G. Komen Idaho Montana
1203 S Five Mile Rd
Boise, ID 83709

If you are comfortable doing so, you may also scan and email it to info@komenidahomontana.org.

Please call **208-384-0013** with any questions.

