



5th ANNUAL

Phil Lawler Batting 4 A Cure Foundation, Inc.



OPEN - We are currently accepting new applications.

If your application for assistance is approved you can begin receiving funding immediately.

Potential Award Level Range: \$200 - \$5,000 Per Year

Eligibility Criteria

- Patient must have a confirmed diagnosis of Cancer.
- Patient must reside in the Naperville area.

THE BATTING 4 A CURE INDIVIDUAL/FAMILY RELIEF PROGRAM APPLICATION

Welcome to The Phil Lawler Batting 4 A Cure Individual/Family Relief Program application. The Phil Lawler Relief Program provides financial assistance to financially and medically qualified patients, for co-payments, co-insurance and deductibles required by a patient's insurer for medical treatments, pharmaceutical treatments and/or prescription medications prescribed to treat and/or manage his/her disease and/or to care for his or her family as he/she sees fit.

Our program provides assistance to patients on a first-come, first-served basis and processes applicants in the order in which their completed applications are received. All applications for assistance submitted via www.batting4acure.com will receive an eligibility decision within 90 days of submission based on the information supplied and availability of funding. Eligibility decisions are made using the patient's reported diagnosis and current residence information. This application process should take approximately 7-10 minutes to complete.

Please complete the information in the form on back page. Once the form is complete you may submit 1 of the following ways:

- 1) Scan and Email the form to: **info@batting4acure**
- 2) Fax the form to: **312-275-7142**

If awarded funds, all patients must also provide documentation of their current residence. A piece of mail with their name on it will be sufficient.



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Online application for Phil Lawler Batting 4 A Cure

Patient Demographic Information:

First Name	Last Name
Address	
Phone Number	
Gender	
Veteran Status	
Employment Status	
Number in Household	Annual Household Income \$
Has your Annual Income changed significantly from last year?	

Authorized person is anyone else authorized to speak with CPR on the Patient's behalf? If yes, the following fields are required:

First Name	Last Name
Relationship	Phone Number
Special Authorization	
Medical Information	
Primary Diagnosis	
Date of Diagnosis	
His/Her/Your Story	