

Pennsylvania Cystic Fibrosis, Inc. (PACFI)

Request for Assistance

Pennsylvania Cystic Fibrosis, Inc. (PACFI) provides assistance for Cystic Fibrosis-related needs for individuals and/or families affected by CF who are Pennsylvania residents. Funding is limited based on our budget, and priority will be given to those individuals and/or families who are experiencing a hardship and who either don't have health insurance to pay for the requested item or have health insurance that pays a minimal amount. In order to help us make a decision, please answer the following questions in as much detail as possible.

- 1. Are you/your child a Pennsylvania citizen? (circle one) Yes No**
- 2. List the name and age of the person/child who has CF (include a signed doctor's statement, on the doctor's letterhead stationary, certifying that the person has CF)?**
- 3. Please print your name, address, and phone number below:**

- 4. Please explain the purpose of the request, the cost of the item requested (if known), and why this poses a financial hardship for you (use additional sheets of paper if necessary, include other pertinent information, e.g., size of air conditioner being requested, etc.)?**

5. Have you sought payment through your insurance carrier (private, Medical Assistance, Medicare), and if so, explain the result (reason for total or partial denial claim - include a copy of your insurance's "Explanation of Benefits" form)?

6. Is there any other information you want to provide which will help us make a decision (e.g., your doctor's recommendation about the request, etc.)?

Your signature

Date

Mail completed application to: PACFI, P.O. Box 29, Mifflinburg, PA 17844. PACFI meets on a regular basis. We will inform you of our decision within 60 days of receipt of this request.