



INSTRUCTIONS PRIOR TO APPLYING

Please review this list and gather required information prior to beginning your application. Incomplete applications or applications where procedures will be scheduled further than 90 days from the date of submission will automatically be placed on hold. Please allow 14-30 days for processing prior to your surgery date.

You will need the following items to complete and submit your application.

Income Verification

- (2 forms) for ALL family members in the household and all sources of income.
- A recent tax return is preferred or paycheck stubs showing current Year-to-date income
- If you receive any government assistance, please provide a copy of benefits.
- If your income exceeds the Federal Poverty Guidelines, you will be asked to document your monthly budget including detailed income and expenses.

Medical Coverage

- If you have medical coverage, attach a copy of your medical insurance card(s)/Medicaid/Medicare, etc.
- You'll need to include your co-pay/out of pocket amounts.
- If you have applied for coverage and been denied, you'll need to provide a letter of denial.

Medical Information

- Letter from oncologist/physician on letterhead documenting your breast cancer or genetic mutation diagnosis.
- Recent quote from Breast Reconstruction surgeon and/or facility on letterhead, if you have seen a surgeon for consultation. The quote should match the amount you are requesting in the grant application. The quote from the provider should include:
 - Estimated patient responsibility (what are you requesting from AiRS)
 - Whether the amount must be paid prior to surgery or after insurance processing.
 - All known details of proposed surgery
 - Include all stages of assistance and estimated time frames
 - Any discounts your surgeon has agreed to provide
 - Name, Phone and Email of Surgical Coordinator/Scheduler

Miscellaneous

- If you have had reconstructive surgery in the past 3 months and are asking for help with outstanding bills, you must provide detailed statement balances from the provider.
- Note: We do not reimburse patients but will consider paying providers directly.
- If you have applied for financial aid from the hospital/facility, provide a copy of the approval or denial letter on letterhead.

Any other documentation that you think will help us understand your need for assistance. A photo of yourself, from the shoulders up. Please no selfies. We like to see who we are helping.