THE LIMB PRESERVATION FOUNDATION
Funding Hope, Help and Possibilities
925 S Niagara Street, Suite 610
Denver, CO 80224
303-429-0688

Patient Assistance Additional Application

(Additional to original application to be used for additional assistance)

Date of original application: _____ ***Date of additional needs:*** _____

Program Fund(s) Requested with Amounts:

Patient Services Fund $_____
List total amount requested for this fund.

Medical Transportation Fund $_____
List total amount requested for this fund.

Emergency Distress Fund $_____
List total amount requested for this fund.

Patient/Caregiver Lodging Fund $_____
List total amount requested for this fund.

Total Amount Requested $_____

(Please make sure copies of appropriate documentation (i.e. lease, bill or invoice) are accompanied with the request)

Describe why additional assistance is needed, as well as what other resources of funding the patient has applied for: _____

_____

_____

_____

_____

Patient Information:

Name: _____ Age: _____Phone: _____

Address: _____

City/State/Zip: _____

Update on patient's medical condition: _____

_____

_____

What assistance was given prior to this application?:

_____

_____

_____

Has the patient's or caregiver(s) for the patient's work status or financial information changed from the first application? _____ Yes _____No

If yes, please describe:

_____

_____

_____

_____

_____

Referring Agency Information

Contact: _____ Phone: _____

Agency: _____

Patient's Doctor(s):

I certify that the information provided on this application is true and accurate to the best of my knowledge. The applicant and referring agency agree to defend, indemnify and hold The Limb Preservation Foundation harmless from any and all claims, disputes, liabilities or causes of action arising out of the agreement to provide assistance, or the providing of assistance, or arising out of services and goods sold or provided to recipients of assistance through The Limb Preservation Foundation.

Referring Agency Contact Signature:_____Date_____

Applicant {Guardian} Signature:_____Date _____

Please note that falsification of any of the above information is grounds for denial of funds, or immediate termination of support upon discovery.