

ASSISTANCE FORM

(NOT For Transportation Assistance)

Lafayette County Cancer Coalition was organized to assist Lafayette County residents who are dealing with cancer. The Coalition can assist you with the areas below. Payments will be mailed to the provider to be applied to your test or exam.

Please check the one that applies to you:

- A pap test. (up to \$200.00 to provider)
- A prostrate exam. (up to \$200.00 to provider)
- A mammogram (up to \$300.00 to provider)
- Other tests, exams or other needs/services.....(Please describe on the lines below or on back)

(approval by LCCC)

*Visit our website for the form and other information for transportation assistance or
contact information for questions visit www.lafcocancer.org*

Name of provider _____

Address of provider _____

Phone number of provider _____ Date of test/exam _____

(Please attached a copy of the statement for the test, exam, etc)

Your Name _____

Your address _____

City & State _____

Your Phone number _____

Please return this entire form and statement to:

Lafayette County Cancer Coalition,

PO Box 88, Higginsville, MO 64037