



The APG Foundation

The purpose of The APG Foundation is to assist cancer and blood disease patients, who have exhausted all other means of payment, to obtain the prescription drugs necessary for their treatment and for prescribed prostheses.

Immediate Assistance Form

Note to Physician: When the patient lacks the means to purchase medications needed immediately and to follow the usual procedure of sending the receipts to The APG Foundation for reimbursement, you may send the patient directly to the CarePro at the Pavilion or the Reutzel Pharmacy. Arrangements have been made with these two pharmacies to bill the Foundation directly.

Please have the patient complete an Application for Financial Assistance and a Confirmation of Diagnosis Form and mail them to:

The APG Foundation
P.O. Box 1248
Cedar Rapids, Iowa 52406-1248

Ordering Physician:

Name (Please print) _____

Physician's Signature _____

Patient:

Please complete the following information and attach to the prescription form. Prescription may be filled only at the CarePro at the Pavilion, 202 10th Street SE, Suite 115, Cedar Rapids, Iowa, or the Reutzel Pharmacy, 617 8th Avenue SE, Cedar Rapids, Iowa

Patient's Name: _____ Date: _____

Address: _____

_____ Telephone: _____

I hereby authorize the _____ Pharmacy to release pharmaceutical information
(Name of Pharmacy)
regarding my treatment to The APG Foundation to be used exclusively to determine my eligibility for assistance from the Foundation.

Patient Signature: _____

Pharmacist:

Note that reimbursement is limited to a maximum of \$1,000.00 per patient per 12 month period. Please attach a copy of this form to the pharmaceutical bill and submit to:

The APG Foundation
P.O. Box 1248
Cedar Rapids, IA 52406-1248