

CancerCare Co-Payment Assistance Foundation
Additional Funds Policy

At the time of approval, patients are awarded an initial grant amount. This amount is based on the average utilization within a specific disease fund for a full twelve-month period. Patients who use the entire initial grant prior to their award end date, can request additional funds up to the program CAP.

Receipt of additional funds is **NOT** conditioned upon a patient's choice of provider or treatment. Patients are free at any time to switch providers, practitioners, suppliers or medications within the CancerCare Co-Payment Assistance Foundation list of approved treatments for a specific diagnosis without affecting the continued eligibility for assistance.

For some funds, the initial grant and the program CAP are the same amount. Patients who request additional funds may be required to submit documentation such as an explanation of benefits (EOB) from their insurance provider to ensure they still meet the eligibility requirements of the program.

NO FUNDS BEYOND THE PROGRAM CAP ARE AVAILABLE. If a patient reaches the program CAP before their award end date, they are not eligible for additional funding until after their grant expires and they go through the re-enrollment process.