

Breast Cancer Patient Assistance Fund

The Mosaic Life Care Auxiliary, an organization of caring volunteers, in cooperation with Mosaic Life Care, promotes community goodwill and provides support to enhance healthcare for our patients and their families. When all other financial resources have been exhausted, the Auxiliary's Breast Care Patient Assistance Fund provides Mosaic patients with financial support for preventive care, treatment, and/or supportive needs.

Applicant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Required Application Information

Have you met with Mosaic Patient Financial Services regarding financial guidance?

Yes No

Have you applied for Mosaic Financial Assistance?

Yes No

If you applied for Mosaic Financial Assistance, were you accepted or denied?

Accepted Denied

If accepted, were you granted full or partial coverage of your treatment costs?

Full Partial

If denied, what was the reason for denial?

Lack of application completion within the allotted time

Lack of submitted documentation

Lack of qualification (income too high, etc.)

Other

Do you have insurance coverage?

Yes No

If yes, have you received any payments from insurance?

Yes No

Share a brief description of need.

Amount Requested: (Invoices/billing statements must be provided) _____

Signature _____ Date _____

Please submit this application to the Breast Center at Mosaic Life Care. Include all related documents such as invoices, proof of expense, current billing statements, etc.)

Date Received by Breast Care Staff: _____

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