American Brain Tumor Association®

Financial Assistance

Funded by Glenn Garcelon Fund

The ABTA Financial Assistance Program, Glenn Garcelon Fund

Medical Provider Form

Your responses will make the applicant eligible for a financial assistance grant. Please complete this form in its entirety. **This form must be filled out by a Physician, Advanced Practice Provider, Registered Nurse, or Licensed Social Worker.**

The ABTA Financial Assistance Program exists to help ease the financial burden caused by primary Central Nervous System (CNS) tumors. The Grant covers certain expenses and/or bills. If awarded a grant, payment will be made to the company the patient has requested to be paid. Payments are not made payable to the patient or their loved ones.

- Patient's name _____
- Date of diagnosis _____
- CNS tumor type and grade _____
- Hospital, medical center, or clinic name _____
- Physician's or Advanced Practice Provider's (e.g., neuro-oncologist) name and credentials (please print) _____
- Provider's street address _____
- Provider's city _____
- Provider's state _____
- Provider's zip code _____
- Provider's phone number _____
- Provider's email _____

- How often does the provider see the patient? _____

- Is the patient employed?

  ___Yes
  ___No

- In the provider's opinion, is the patient able to work at this time?

  ___Yes
  ___No

Full name and credentials of person completing this application (print/type)

- Signature:_____

- Date: _____

- Phone number (if different from above) _____

- Email address (if different from above) _____

Would you like to learn more about other ways that the ABTA helps support brain tumor patients and their loved ones?

___Yes
___No

If you have any questions, please email FinancialAssist@abta.org or call 1-800-886-2282

All information provided in this form is confidential and used solely to administer a financial assistance grant to the patient identified above. This information will only be used by the American Brain Tumor Association and the Glenn Garcelon Foundation.