



GIST Support International

gsi@gistsupport.org
215-340-9374

www.gistsupport.org
12 Bomaca Drive, Doylestown PA 18901

Application to GIST Support International's Bob Spiegel and Brad Clark Memorial Second Opinion Fund for Travel and Treatment

Please refer to the list of eligible expenses on the last page of this form and application funding criteria and the process described on the GSI website at <http://www.gistsupport.org/financial-assistance/assistance-from-gsi.php>

All fields must be complete for an application to be considered.

Today's Date: _____

Patient Name: _____

Date of Birth: _____

If Patient is a minor, names of parents or guardians

Address: _____

City/State/Zip: _____

Phone: _____

E-mail (optional): _____

Diagnosis : _____

Date of Diagnosis: _____

The information contained in the application is confidential and will not be used for any purposes other than grant consideration.

ABOUT YOUR CURRENT DOCTOR (not the second opinion doctor)

Physician: _____

This physician is my Oncologist / Surgeon / primary care doctor / _____
(Circle choice) other

Address: _____

City/State/Zip: _____

Office Phone/Fax: _____

E-mail: _____

ABOUT YOUR HEALTH INSURANCE

Are you insured? Yes / No (Circle)

If yes, please indicate the type of insurance (Medicaid, private insurance, VA, etc.)

ABOUT YOUR EXPENSES

Please itemize eligible, unreimbursed expenses and provide supporting documentation, e.g. copies of receipts. Please see list of eligible/ineligible expenses at the end of the application form. NOTE: If you are seeking reimbursement for travel expenses only, please provide supporting documentation that second opinion medical services were provided during the travel period. If you are seeking reimbursement for medical expenses and have insurance, include any insurance paperwork to confirm insurance partial payment or denial.

Date	Type of Expense	\$ Amount Paid

Total Reimbursement Requested _____
Note that the maximum grant is \$500.00.

PATIENT CONFIRMATION

I am the patient _____
Or
guardian of the patient _____

being treated for _____.
I confirm that I have not received reimbursement for the above-noted expenses and I will not seek reimbursement for these expenses from other sources.
I understand the Assistance Fund only reimburses for expenses related to getting a second opinion from a sarcoma specialist.

Signature: _____ Date: _____

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SECOND OPINION PHYSICIAN CONFIRMATION

I am the provider of care to: _____

For treatment of: _____

Name (Print): _____

State License #: _____

Treatment Facility: _____

Signature: _____

Date of treatment service: _____

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How did you learn about the Assistance Fund?

Internet__ Physician __ Nurse__ Support Group__
Other (describe)_____

The Bob Spiegel and Brad Clark Memorial Second Opinion Fund for Travel and Treatment is created to help GIST patients with support for non-reimbursed expenses directly associated with obtaining a second opinion from a sarcoma specialist. Grants are awarded for eligible expenses as outlined below and there is a maximum award of \$500 per patient. GIST Support International will award eligible applications based on available funds. Receipt of an application with qualifying expenses does not ensure that funding will be at the maximum level requested. Applicants will receive a letter of acknowledgement, grants are reviewed and notification of award will follow. Full details about how to apply are listed at <http://www.gistsupport.org/financial-assistance/assistance-from-gsi.php>

Eligible Expenses:

- Non-reimbursed portion of second opinion consultation
- Travel to/from second opinion and/or sarcoma treatment including airfare, gas costs, or mileage (per IRS guidelines)
- Meal expenses (per IRS guidelines) for patient (and for adult traveling with minor)
- Expenses of caregiver travel will be evaluated on a per application basis
- Lodging – for travel to/from/during treatment/consultation center (per IRS guidelines)
- Long distance calls to arrange consultations/treatment
- Online consultation services from a certified sarcoma center
- Parking

NOT Reimbursed:

- Rent; mortgages
- Utilities
- Food expenses (except as noted above)
- Clothing
- Personal incidental expenses
- Automobile repairs or payments

PLEASE RETURN YOUR APPLICATION AND SUPPORTING DOCUMENTATION TO:

GIST Support International
12 Bomaca Drive
Doylestown, PA 18901

If you have any questions call: 215-340-9374 or e mail: gsi@gistsupport.org

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