LAFAYETTE COUNTY CANCER COALITION ASSISTANCE FORM

(not for Transportation Assistance)

The Lafayette County Cancer Coalition was organized to assist Lafayette County residents who are receiving services for the detection and/or treatment of cancer. The LCCC can assist with the areas below. Payments will be mailed to the provider to be applied to your test or exam.

Please check the one that applies:		
() Pap Test	() Prostate Exam	() Mammogram
Other cancer related tests and scree	enings will be considered by the L	CCC Board.
All approved tests will be reimbursed to paid annually.	the provider up to \$300 per test. A	maximum of 3 tests per patient will be
*******	*******	********
NAME OF PROVIDER:		
ADDRESS OF PROVIDER:		
PHONE NUMBER OF PROVIDER:		
DATE OF TEST/EXAM:		
(Please attach a c	opy of the statement for the to the to the to the to the to the to the total	
YOUR NAME:		
YOUR ADDRESS:		
YOUR PHONE NUMBER:		
RETURN COMPLETED FORM TO:	LAFAYETTE COUNTY CANCER PO BOX 88 HIGGINSVILLE, MO 64037	R COALITION
Visit us at www.lafcocancer.org for i	more information and other form	ns. We are also on Facebook.
I certify I am a permanent resident	of Lafayette County, Missouri.	
	(Pati	ent's signature)