



Foundation of America, Inc.

**Arizona Chapter, Inc.**

P. O. Box 6090, Peoria, AZ 85381

602-870-7622 or 866-36-LUPUS \* FAX 602-870-7488

**INITIAL PATIENT ASSISTANCE FORM**

One resource members of the LFA, AZ Chapter have is help during financially difficult times. We understand that unanticipated situations arise, so if you need assistance paying for a lupus-related medical expense, please complete the form below and return it to our office. Funding is based on availability and is limited in once per year. **\*Be sure to include all information required as listed in the Patient Assistance Rules.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide detailed information on your situation and how it is lupus related:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item(s) needed: \_\_\_\_\_

\_\_\_\_\_

Cost of item(s): \$ \_\_\_\_\_

***All information is kept CONFIDENTIAL.  
Payment will be made directly to the service provider.***