



Health Insurance Programs for **Women with and at risk of** **Cancer**



Tarrant County Indigent Health Care (CIHCP) provides health care services to eligible residents through the counties, hospital districts and public hospitals in Texas.

Eligibility Criteria:

1. Residence: Must live in the county in which they apply
2. Household: A CIHCP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
3. Resources: Not to exceed \$3,000 for a family with elderly or disabled
4. Income: Not to exceed 21% of the Federal Poverty Guideline (FPG)

Documents apply for

| CIHCP Monthly Income Standards | |
|---------------------------------------|---------|
| # of individuals in CIHCP Household | 21% FPG |
| 1 | \$202 |
| 2 | \$272 |
| 3 | \$342 |
| 4 | \$413 |
| 5 | \$483 |

required to CIHCP:

1. Application form
2. Residency documents (State issued IDs or utilities bill)
3. Paycheck stubs

For more Information:

<http://www.dshs.state.tx.us/cihcp/default.shtm>

Tarrant County Representative:
 Patty Angell, IHCP Coordinator
 John Peter Smith Hospital
 1500 S Main
 Ph: 817-927-1114
 Fax: 817-927-1077
 pangell@jpshealth.org



The Breast and Cervical Cancer Services program (BCCS) offers clinical breast examinations, mammograms, pelvic examinations, and Pap tests throughout Texas at no or low-cost to eligible women.

Eligibility Criteria:

1. Diagnosed and in need of treatment for breast or cervical cancer per BCCS guidelines:
 - i. Primary qualifying diagnosis
 - ii. Metastasis related to primary qualifying diagnosis
 - iii. Recurrence of the primary qualifying diagnosis
2. Have an income at or below 200% of Federal Poverty
3. 64 years of age or younger
4. Be a Texas resident
5. Be a U.S. citizen or eligible immigrant
6. Uninsured or otherwise not eligible for Medicaid

| Federal Poverty Guideline (200%) | |
|---|----------------------|
| Family Size | Annual Family Income |
| 1 | \$23, 340 |
| 2 | \$31,460 |
| 3 | \$39,580 |
| 4 | \$47,700 |
| 5 | \$55,820 |

Documents required to apply for MBCC:

1. A final pathology report
2. Driver’s license
3. Birth certificate and/or immigration document
4. Social Security Card

For More Information:

<http://www.dshs.state.tx.us/bcccs/default.shtm>



Texas Women’s Health Program provides low-income women with related health screenings, and other services.

Eligibility Criteria:

1. Woman of age 18-44 years old
2. U.S. Citizens or legal immigrants
3. Live in Texas
4. Not receiving full Medicaid, CHIP, or Medicare Part A or B
5. Not pregnant
6. Annual family income below 200% FPG

| Federal Poverty Guideline (200%) | |
|---|----------------------|
| Family Size | Annual Family Income |
| 1 | \$23, 340 |
| 2 | \$31,460 |
| 3 | \$39,580 |
| 4 | \$47,700 |
| 5 | \$55,820 |

Documents required to apply for MBCC:

1. Proof of Identification (State ID)
2. Proof of Income
 - a. Paycheck stubs or copy of check from 60 days
 - b. Proof of any financial assistance
 - WIC
 - Food Stamp
 - Housing
 - Any other cash assistance
 - c. Medicaid card (self and children’s-if any)
3. Citizenship and Immigration Status

Benefits Include:

- Pap smear
- Screening for breast and cervical cancers, sexually-transmitted infections, and high blood pressure
- Others services

For More Information:

<http://www.texaswomenshealth.org/>



Building Bridges Program

North Texas Area Community Health Center (NTACHC) offers wide range of affordable medical services to the residents of Tarrant County. They have a special primary health care program (EPHC) for women 18 years and above.

Eligibility Criteria:

1. Females age 18 and older
2. Income below 200% FPL
3. Texas resident (self-declared)

| Federal Poverty Guideline (200%) | |
|---|----------------------|
| Family Size | Annual Family Income |
| 1 | \$23, 340 |
| 2 | \$31,460 |
| 3 | \$39,580 |
| 4 | \$47,700 |
| 5 | \$55,820 |

Documents required to apply for EPHC Program:

1. Proof of income (2 paycheck stubs)
2. Picture ID (any form of picture ID)
3. Utility bill
4. If the applicant is being supported by a relative or friends, a general support letter indicating amount being supported by the supporter.

For More Information:

<http://www.ntachc.org/>

Benefits Include:

1. Co-pay ranges from \$10- \$40 based on the income
2. Primary Health Services, including immunization
3. Diagnosis and treatment
4. Health screenings and education
5. Prenatal Care and Services
6. Diagnostic lab and services
7. **Benefits enrollment** (Call 817-625-4254 ext: 193, 194, 499 to schedule the appointment)



Building Bridges Program

The Bridge Breast Network provides access to diagnostic and treatment services for Breast Cancer to low income, uninsured individuals.

Eligibility Criteria:

1. Must have a breast health concern
2. Uninsured or underinsured
3. Cancer must be stage 3 or less and no distant metastasis
4. Must have income equal or less than 250% above the FPG

| Federal Poverty Guideline (250%) | |
|---|----------------------|
| Family Size | Annual Family Income |
| 1 | \$29,175 |
| 2 | \$39,325 |
| 3 | \$49,475 |
| 4 | \$59,625 |
| 5 | \$69,775 |

Documents required to apply for BBN:

1. Doctor's note
2. Insurance Denial/acceptance letter with coverage details (if any)
3. Pay check stubs
4. Identification
5. Utility bill

For More Information:

<http://www.bridgebreast.org/>

Benefits Include:

1. Diagnostics:
 - Mammogram
 - Sonogram
 - Biopsies
 - Treatment
2. Surgery
 - a. Oncology
 - b. Radiation Treatment

\$20
APPLICATION FEE



Currently out of capacity to serve Tarrant County. New funding will open in October. Language services NOT provided.

JPS Connection provides affordable access to healthcare with inexpensive co-pays for doctor appointments, specialized care and prescriptions.

Eligibility Criteria:

1. Must be able to provide proof of residency
2. Uninsured or underinsured
3. Be U.S. Citizen or a legal resident
4. Annual income must be equal to or fall below 250% of FPG

| Federal Poverty Guideline (250%) | |
|---|----------------------|
| Family Size | Annual Family Income |
| 1 | \$29,175 |
| 2 | \$39,325 |
| 3 | \$49,475 |
| 4 | \$59,625 |
| 5 | \$69,775 |

Documents required to apply for JPS Connection:

1. Copy of state issued ID
2. Social security card
3. Immigration documents (I-94, Green card/citizenship)
4. Copy of any financial assistance award, including housing assistance
5. Copy of last 2 paycheck stubs or a letter of income verification from the employer
6. Complete the application including child information signed and dated by spouse, if married.

For More Information:

<http://www.jpshhealthnet.org/For-Patients/Low-Cost-Medical-Care/assistance-overview.aspx>

Benefits Include:

- Reduced fee and co-payments for most health services at JPS locations
- \$5 - \$20 prescription medication at JPS pharmacies
- Refer to the JPS Connection benefits sheet for more information on benefits.



Tarrant County Community Resources that provide supporting services to Cancer patients



Moncrief Cancer Institute: Community-based cancer prevention and support center serving the social, emotional, and physical needs of individuals with cancer and their support network.

<http://www.moncrief.com/>

400 West Magnolia Avenue Fort Worth, Texas 76104

Phone: 817-288-9800

Toll Free: 800-405-7739

Cancer Care Services provides information, financial support, counseling, support groups and activities for cancer survivors and their families.

www.cancercareservices.org

623 South Henderson Street Fort Worth, TX 76104-2920

Phone: (817) 921-0653

American Cancer Society Fort Worth offers classes and support groups for cancer patients.

www.cancer.org

3301 West Freeway Fort Worth, TX 76107-5709

(817) 737-9990

Harris Methodist Hospital Charity Care Program helps patients with bill at any time during their hospital stay or billing process. Eligibility is based on yearly income and must be equal or less than 200% FPG. It usually takes about 6-8 weeks process the application.

<http://www.texashealth.org/CharityCare>

500 E. Border Street, Suite 1200, Arlington, Texas 76010

Ph: 1800-890-6034

Careity Foundation provides mammogram and diagnostic services for qualified people in Tarrant and Johnson County.

DFW Hep B Free Project is an organization run by medical students from UT Southwestern Medical School that provides free Hepatitis B and C screenings to the local community.

<http://www.dfwhepbfree.com/>



National Organizations that provide
Medical/Financial Assistance to
women with and at risk of Cancer



Cancer Care provide telephone, online and face-to-face counseling, support groups, education, publications and financial and co-payment assistance. Professional oncology social workers offer personalized care **free of charge**.

<http://www.cancercare.org/>
275 Seventh Avenue New York, NY 10001
Phone: (800)-813-4673

Eligibility Criteria:

1. Must have been ABCF client since the initial screening

Application Process:

- Call (800)-813-4673 for initial screening
- Application will be mailed to the client
- Send out the filled out application along with:
 - proof of income
 - insurance verification
 - A photo ID
 - Proof of address

American Breast Cancer Foundation partners with local medical clinics and health care providers in metropolitan areas to provide reduced-fee breast cancer screenings, diagnostic mammograms, ultrasound, and surgical consults.

1220 B East Joppa Rd, Suite 332 Towson, Maryland 21286
Ph: 410-825-9388
Fax: 410-825-4395

Eligibility Criteria:

- Applicant must be able to show proof of residency and fall under certain federal poverty guideline

Application Process:

- Call 877-539-2543 between 9am-4pm Monday through Thursday and 9am – 11:45 am on Friday
- Initial 5 minute phone screening to determine eligibility
 - Income
 - Residency
- They will mail the application which needs to be completed, signed and sent along with supporting documents (Social security, State ID)



Patients Advocate Foundation Co-Pay Relief provides direct financial assistance with co-payments, co-insurance and deductibles required by the insurer for pharmaceutical treatments and/or prescription medications related to the diagnosis.

421 Butler Farm Road Hampton, VA 23666

Ph: 866-512-3861 Fax: 757-952-2039

Eligibility Criteria:

1. For Patient with Breast cancer:

- Should be insured and insurance must cover the medication for which patient seeks assistance
- Confirm Breast Cancer diagnosis
- Must reside and receive treatment in the US
- Income must fall below 400% of the FPG with consideration of Cost of Living Index (COLI) and the number in the household.

Benefits: up to \$5000 per year funding, if approved

2. For patients with Lung cancer:

- Currently on hold

Application Process:

- Application can be submitted online, fax, mail or via phone
- Online Registration (<http://www.copays.org/patients>)
 - Valid email ID required
 - Social Security number and/or Alien ID
 - Confirm registration within 2 hours of submission
- Online Application (takes about 5 minutes to complete)
 - Required: Physician's form, completed and signed by the treating physician
- Sign Up for Electronic Funds Transfer Enrollment Form
 - Required: financial institution information: name, routing and account number
- Proof of Expenditure Form
 - Must be provided every time a claim is submitted

Documents Checklist:

- Completed and signed Application
 - Copy of insurance card(s), both front and back
 - Physician Information Form, completed and signed
 - Copy of signed, (most recent) federal tax return – pages 1 and 2
- Or** alternate income verification documents:
- 3 months of pay stubs **Or** salary verification letter from the employer **AND** Any other financial benefit award letter.