



Criteria for Resource Fund:

Women in our service area (including Bismarck and South Dakota) can access the fund through an application process. The client is responsible for submitting an application to the local coordinator. Applications will be reviewed by the *Women's Way* Resource Fund Committee to determine the amount of assistance that will be given.

You may be asked to inquire about your eligibility for Medicaid or Medicaid Expansion.

Western Plains Public Health *Women's Way* Resource fund will be used for these purposes:

- Assist with payment of diagnostic procedures not covered under the *Women's Way* program that require follow-up from the initial breast and cervical cancer screening appointment.
- Assist with payment of lab work expenses that are incurred during the annual women's health exam which may include cholesterol level, CBC, chemistry panel, sexually transmitted infection screenings and other lab work unique to a specific client.
- Assist with payment of medical expenses not covered by insurance or *Women's Way* that are incurred as the result of the women's health exam which may include short term medications for treatment of conditions resulting from the exam, and diagnostic tests that the Resource Fund Committee determines to be appropriate.
- Other medical expenses as deemed appropriate by the *Women's Way* Resource Fund Committee.

Assessment of other incurred charges will be reviewed on a case by case basis.

The *Women's Way* client is eligible to receive up to 90% payment of the submitted charges. The maximum payment amount is \$2,000.00 per calendar year (Jan-Dec). The funding amount is dependent on the funding availability and will be reviewed on an annual basis.

Client must submit a copy of medical bill and may be asked to sign a release of information so clinical records can be requested from your health care provider.

Approved *Women's Way* Resource Fund payments for diagnostic procedures, specific treatment, and mammograms will be mailed directly to the Health Care provider.

The client will be responsible for the remaining portion of the bill.

Applicants will be notified with a follow-up letter as to the amount of assistance received, within thirty days from the submission of the request.

07/2017 revised/ approved _____

Western Plains Public Health 403 Burlington St SE, Mandan, North Dakota 58554

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Women's Way Resource Fund Application (11/2019)

The *Women's Way* Resource Fund may assist with payments of diagnostic procedures and specific treatment procedures not covered under the *Women's Way* program that require follow-up from the initial breast and cervical cancer screening appointment.

- Please attach a copy of your medical bills, your medical records, supporting diagnostic tests and treatment, if provided.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (Home) _____ (Cell) _____

Amount of Funds Requested: _____ Total Payment Owed: _____

Procedure Performed: _____

Medical Insurance: No _____ Yes _____ Name of Insurance: _____

Amount Paid by Insurance: _____

Medical Facility Financial Assistance Received: _____

Additional Comments: _____

I understand

- The Resource Fund criteria and agree to the terms stated.
- I am responsible for the amount of the bill that is not paid by this Resource Fund.
- All contributions to the Resource Fund are from donations; therefore, the amount of funding available may vary. The maximum amount payable to each applicant is \$2,000.00.

All information given is accurate and true.

Client Name (Printed):

Client Signature:
