

MARY E. SMITH (M.O.M.) FOUNDATION, INC./MEMORIES OF MARY
20650 S. Cicero Ave. #827
Matteson, IL. 60443
www.maryesmithfoundation.org

SPECIAL BRAIN TUMOR SCREENING GRANT APPLICATION

**For MRI (Magnetic Resonance Imaging)
or CT (Computed Tomography) Scan**

Eligibility:

- All applicants must be US residents
- Hospital/Service provider must provide service to the underserved communities of Chicago or given metropolitan city including its surrounding suburbs
- Patient/Applicant must be uninsured or underinsured on date of service
- Patient/Applicant does not have Medicaid or Medicare on date of service; barring extenuating circumstances (ie. denial of charity care)

***Note:** Funds will be distributed on a first come first serve basis (check website for availability). Funds are paid directly to the patient/applicant in care of the hospital/service provider. Maximum amount awarded is \$2500.00.*

Hospital/Service Provider Name Phone

Hospital/Service Provider Address City St Zip

\$ _____
Charge Amount Patient Portion

Patient/Applicant Name Phone

Patient/Applicant Address City St Zip

I have read and understand the terms of this special Brain Tumor Screening Award and will comply with all the requirements. If selected as a grant recipient, it may be necessary to provide additional information and/or verification to Mary E. Smith (M.O.M.) Foundation, Inc./Memories of Mary. I further agree to grant permission to my healthcare provider/facility to disclose my medical diagnosis and current charges solely for the purpose of financial support.

Signature and Title

Date