



**Voucher Assistance  
Request Form**

Date: \_\_\_\_\_

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

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

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

Upcoming Surgery date/procedures: \_\_\_\_\_

Hospital for Procedure/Surgery: \_\_\_\_\_

Heart Surgeon/Cardiologist at Hospital: \_\_\_\_\_

Primary Cardiologist: \_\_\_\_\_

Types of Voucher Assistance Needed: Travel Hotel/RMH Food

Have you contacted other agencies for help: Yes No

Have you received help from any other source: Yes No

\*If yes, please explain what help was received and any financial amount that may apply:

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

Reasons for Assistance Request:

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

**PEDIATRIC CARDIOLOGIST:**

"With my signature, I confirm the procedure/surgery date has been scheduled and that \_\_\_\_\_ is a current patient in our practice. I recommend them for participation in the "Family Voucher Program."

\_\_\_\_\_  
Authorized Signature

\*\*Palmetto Hearts does not discriminate based on age, gender, religion, disability, or nationality. We determine assistance based solely on financial need and funds available for this program.

Please mail this form to: Palmetto Hearts PO Box 2265 Greer, SC 29652



## Voucher Assistance Request Form

Dear Family,

We are glad to be able to offer this voucher program to assist families with financial needs while undergoing a procedure or surgery for congenital heart defects. This program is designed to help alleviate some of the burden, it is not designed to be a source of funding for medical bills or expenses outside of the following guidelines and restrictions.

### **Guidelines:**

- A completed application with your pediatric cardiologist signature is required to be considered for assistance
- All information should be submitted at least two weeks in advance. If this is an emergency case, you should call or email Palmetto Hearts with your request. You can also have your pediatric cardiologist office call or fax us your request for assistance if this is an emergency situation.
- Completion of this application does not guarantee you will receive assistance.
- Assistance is only available as funds are available for this program.
- Abuse or fraudulent use of any of these services will result in your denial of any further assistance.
- Assistance is available in three forms: travel, hotel, and meal assistance.
- Once approved for hotel assistance, you will need to provide Palmetto Hearts copies of your hotel or Ronald McDonald House receipts. Once those are received Palmetto Hearts will provide you with reimbursement for your hotel stay up to \$100 within 30 days.
- Once approved for travel assistance, you will need to provide Palmetto Hearts copies of your gas receipts from your travels to/from the hospital. Once those are received, Palmetto Hearts will provide you with reimbursement for gas purchases up to \$50 within 30 days.
- Once approved for meal tickets, these will be distributed at MUSC during your stay.
- A letter, phone call, or email will be provided to let you know if your request has been approved.

### **Restrictions:**

- Any assistance is only available for those requiring procedures/surgery directly related to management or repairs of congenital heart defects.
- Hotel assistance is not available to those living within 60 miles of the hospital where procedure/surgery is taking place. Hotel assistance for procedures not requiring an overnight hospital admission will be determined on a case by case basis.
- Travel assistance will be determined based on financial need as well as the traveling distance the patient is from the servicing hospital. (i.e. a patient living in the Upstate with the same financial need as a patient living in the LowCountry/Coastal area may receive different amounts of travel assistance)
- **Palmetto Hearts does not distribute cash for any reason.**