



## Frequently Asked Questions

Prepared for Medical Personnel Referring Possible Candidates

Updated: 12/28/2024

Our Fund is **CURRENTLY OPEN and accepting applications for the 2025 reward period.**

We need your help to identify underinsured women with a breast cancer diagnosis who may benefit from this patient assistance fund. These FAQ's will help you better understand the who-what-where-when-how's of this new program.

### **NEW CHANGES IN THE PROGRAM EFFECTIVE DECEMBER 2024:**

1. Applications will now be accepted by fax at any time during the calendar year.
2. Three review periods will be conducted during the year in the months of March, July and November.
3. Any applications that have been received since the last review period will be considered.
4. Applicants will be notified if they have received a grant by the end of the month in which the review period was held.

## **NEW CHANGES IN THE PROGRAM EFFECTIVE NOVEMBER 2023:**

1. We now accept application packages ONLY by FAX with use of ifaxapp, a cloud-based HIPAA-compliant fax service. Applications will still be considered on a first-come-first-served basis based on fax transmittal date/time.
2. We added oral chemo/immunotherapy/targeted drug therapy (e.g. Ibrance, Enhertu, etc.) to the definition of “Active Treatment” used by our program. This makes our grants available to women who take their treatment at home vs. by infusion. Sole use of Tamoxifen or aromatase inhibitors is still NOT considered “active treatment” for purposes of our program.
3. We added an income adjustment for those with high deductible health plans (exceed deductible of \$1,400/individual or \$2,800 for family coverage). Additional documentation related to their health plan is required to qualify for this adjustment, and only makes sense for applicants whose annual household income is CLOSE, but OVER the 300% FPG required to qualify for a grant.
4. Added more details on the income adjustment available for self-employed or 1099-employees who obtain their health/dental/vision insurance from the health insurance marketplace. A portion of their premiums paid will be used to reduce the household income on which their eligibility is determined. Again, submitting additional documentation for this adjustment only makes sense for those whose annual household income is CLOSE, but OVER, the 300% of FPG required to qualify for a grant.
5. For patients not required to file a tax return with the IRS, have them submit the required documentation listed on pages 6-7 of the application instructions for all forms of income. This will allow us to verify household income in accordance with the program requirements.

## **GENERAL QUESTIONS ABOUT THE GRANT PROGRAM:**

### **Q: HOW MUCH IS IT?**

**A:** A recipient can receive a grant of \$1,000 to be paid toward medical costs related to their breast cancer diagnosis.

### **Q: WHO IS ELIGIBLE?**

**A: The patient must:**

- Be a female with a breast cancer diagnosis,
- Have current insurance coverage (any kind),
- Have verifiable household income that falls at or below 300% of the Federal Poverty Guidelines
- Be in, about to start, or within four months after ending active treatment,
- Be a citizen or permanent resident of the United States,
- Reside in any of the following counties: Atascosa, Bandera, Bexar, Blanco, Caldwell, Comal, Frio, Gonzales, Guadalupe, Hays, Kerr, Karnes, Kendall, Medina, or Wilson

**The patient's treatment plan must:**

- Currently be in place with a physician,
- Include treatments OTHER THAN ovarian suppression and/or endocrine therapy (e.g. Tamoxifen or aromatase inhibitor), and
- Must be received in the United States.

**Q: HOW ARE THE PAYMENTS MADE?**

**A:** Payments will be paid directly to the healthcare provider indicated on the application provided there is a patient balance, and the provider is willing to send an invoice or detailed statement to The Dove Fund administrator. No payments will ever be made directly to the patient.

**Q: WHAT IF THE PATIENT REACHED THEIR OUT-OF-POCKET MAXIMUM AND DOES NOT HAVE A BALANCE DUE?**

All recipients have six months from the date of the grant award letter to apply their funds. This means the grant can be used in January when deductibles/out-of-pockets reset for the new calendar year.

Also, if there is no balance at the provider initially indicated on the application, the patient can redirect any unused balance toward another provider related to their cancer care. A *Provider Transfer Form* is available by emailing [dovefundovercomers@gmail.com](mailto:dovefundovercomers@gmail.com).

Any unused funds at the end of the six-month period will be forfeited.

**Q: WHAT COSTS DOES THIS GRANT COVER?**

**A:** A detailed list of medical costs eligible for payment, along with a description of how payments are made, is included in the application. In summary, this fund will typically cover traditional breast cancer treatments/ surgeries/scans/port placements, but will not cover endocrine therapy (Tamoxifen, AI's) or ovarian suppression \*if\* that's the only current treatment.

**Q: WHEN DOES THE FUND OPEN?**

**A:** The fund will now accept applications all year long by fax. We will reward grants in then months of March, July and November. Applications will be considered in the reward period immediately following the succesful submission of the application.

**Q: WHERE CAN AN APPLICANT FIND THE APPLICATION?**

**A:** An application for the then-open application period will be posted on the website at: <https://overcomersbreastcancer.com/the-dove-fund/>

**Q: WHERE CAN I SEND A PATIENT WHO HAS QUESTIONS?**

**A:** Any questions can be directed toward our fund administrators by email to [dovefundovercomers@gmail.com](mailto:dovefundovercomers@gmail.com). ***Please do not provide personal emails or cell phones of the Dove Fund administrators to the patient.***

**Q: WHAT IF I (FINANCIAL COUNSELOR, NURSE NAVIGATOR, ETC.) HAVE QUESTIONS, SUGGESTIONS, AND/OR FEEDBACK?**

**A:** We value your feedback and are also happy to answer any questions you may have. Please contact Rebecca Osborne directly at [bosborne.dovefundovercomers@gmail.com](mailto:bosborne.dovefundovercomers@gmail.com) or cell: 210-286-7559.

**THANK YOU** for helping us identify patients who need assistance.