MIOCA
Michigan Ovarian Cancer Alliance

PROOF OF OVARIAN CANCER TREATMENT VERIFICATION

This form must be completed by the patient's healthcare provider to verify active or recent treatment for ovarian cancer. For the purposes of financial assistance eligibility, MIOCA defines "treatment" as chemotherapy, radiation, surgery, participation in a clinical trial, maintenance therapy, palliative/hospice care, and/or a prescribed therapy or program regimen.

To qualify for assistance, the patient must be a resident of Michigan. Applicants must be currently undergoing treatment or have received treatment within the past six months.

Please email the completed form to meganneubauer@mioca.org or mail to MIOCA at 2075 W. Stadium #2649 Ann Arbor, MI 48106. For questions, please contact info@mioca.org or 734-800-6144.

PLEASE COMPLETE THE FOLLOWING SECTION ABOUT THE APPLICANT:

Applicant Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-Mail Address: _____

PLEASE HAVE THE FOLLOWING SECTION COMPLETED BY A PROVIDER OVERSEEING THE APPLICANT'S TREATMENT:

_____(Name) is a patient of mine & currently receiving treatment for ovarian cancer / has received treatment within the past six months.

Provider Name: _____ Title: _____

Provider Signature: _____ Date: _____

E-Mail Address: _____ Phone: _____

Location(s) of Treatment (Hospital & City): _____

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