

Diabetes and Kidney Fund Application

The Diabetes and Kidney Fund provides assistance to those diagnosed with kidney disease or diabetes, who are in financial need. The fund provides money to support ongoing patient care.

Applicant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Phone 1: _____ Phone 2: _____ Marital Status: _____

SSN: _____

Current diagnosis: Diabetes Type I Diabetes Type 2 Kidney Disease

Please list the Unity Point/Mercy Specialists involved in your care: _____

Your preferred pharmacy: _____

Social Worker/Clinic care coordinator: _____

Average household monthly income – *Please provide most recent tax document, 1040 form:* \$ _____

Number in household: _____

What items or services would you like financial assistance with?

Medication Medical Supplies/Mobility Aids Transportation

I provide care for this patient's diabetes/kidney disease and feel the patient would benefit from the Diabetes and Kidney Fund:

Physician name and signature

Date

Patient signature

Date

Mail application to:

UnityPoint Clinic- Diabetes and Kidney Center
1002 4th Ave. SE
Cedar Rapids, IA 52403

For questions please call 319/298-2200

Revised 1/25/2017