



Jayden DeLuca Foundation Patient Assistance Fund Application

****Reimbursement Program****

Please attach all receipts when submitting application.
There is a reimbursement limit of \$1,500 per family,
per awarding session.

Applicant's Name(s): _____

Your Contact information:

Address: _____

City/State: _____

Zip Code: _____

E-mail: _____

Phone Number: _____

Patient Name: _____

Patient Birthdate: _____

Name of Cardiologist: _____

By signing below, I certify all information is true and correct to
the best of my knowledge and I have attached all proper
documentation and receipts

Signature _____ **Date** _____



OUR MISSION

The Jayden DeLuca Foundation helps families and children fight cardiac diseases by offering support and encouragement to all those affected by pediatric heart conditions.

CONTACT

PHONE:
855-501-0025

WEBSITE:
JaydenDeLucaFoundation.org

EMAIL:
Info@JaydenDeLuca.com

PATIENT ASSISTANCE FUND PURPOSE

The Jayden DeLuca Foundation Patient Assistance Fund Program is designed to assist families with children that have been diagnosed with congenital heart disease (CHD) with medical related expenses associated with needs that arise due to travel for medically necessary treatment or surgery, medical equipment needs and medical bills that are not covered by insurance. Requests will be reviewed quarterly. If not approved, applicants may apply the next quarter.

DATE OF APPLICATION:

Congenital Heart Defect(s):

What will the requested funds be used for? Please include dates of treatments or services:

Have you received financial support from the JDF Patient Assistance Fund in the past? If so, please list dates and amounts approved:

How did you hear about the Jayden DeLuca Foundation?

The Jayden DeLuca Foundation Patient Assistance Fund is a Reimbursement Program.

You MUST attach all receipts when submitting to be considered.

There is a reimbursement limit of \$1,500.00 per family, per awarding session.

Check List of Required Documents
(Complete only the sections that apply to the
funding you are requesting.)

For Travel Fund Reimbursement:

Dates of travel: _____ Flight Cost: _____

Airline & Flight Number: _____

Departure Date/City: _____

Arrival Date/City: _____

Hotel: _____

Cost: _____

Rental Car Company and Dates Used:

Rental Car Cost: _____ Fuel Cost: _____

Food: _____

* Applicant can submit official itinerary from travel
company in lieu of steps listed above. *

For Medical Equipment Needs:

List type of need: _____

List type of equipment: _____

List physician that wrote the order for this:

Cost of equipment: _____

* Not covered by insurance and request must be
medically necessary to qualify.

For Medical Bill Reimbursement:

Please attach a copy of your bill and list why it is not
covered by insurance and why your provider felt this
was medically necessary.

Insurance Company: _____

Subscriber / Plan Information: _____

**Grant amount requested (limit of \$1,500.00 per family
per awarding session):**

Approved: YES / NO

JAYDEN DELUCA FOUNDATION PATIENT ASSISTANCE FUND

Terms and Conditions

All applications should be submitted by March 31, June 30, September 30, or December 31 in order to be approved for the current quarter; the JDF Patient Assistance Fund Grant Committee will review and approve or deny applications by the end of the month following the close of the calendar quarter.

Applicants will be notified via email of their approval status and the timing of the assistance funds disbursement.

Applicants whose assistance request is not selected during the current quarter will have their application rolled forward for up to an additional three quarters (4 quarters total or one year).

Applicants whose assistance request is granted or whose applications are more than one year old must reapply.

The Jayden DeLuca Foundation and/or the third-party committee responsible for the application review reserves the right to request additional information and/or documentation as we see fit.

Applicants must be members of an Idaho community served by the Jayden DeLuca Foundation.
