



Dear Applicant,

Thank you for your interest in The Cancer Foundation of Northeast Georgia (CFNEGA) financial assistance program. The CFNEGA is a non-profit organization designed to decrease the financial burden many people diagnosed **with cancer face during radiation and chemotherapy treatments**. Contributions are generously made to the Foundation by Northeast Georgia Cancer Care employees, grants, current and former patients, as well as individuals and organizations from surrounding communities.

Enclosed is The CFNEGA's application for financial assistance. Please note that applications must be submitted to the Foundation by a referring professional (i.e. your doctor, a nurse, social worker, or other health care professional who is involved with your care). Please read the instructions carefully and fill out the application completely. Be sure to attach copies of the bill that you would like the Foundation to consider for payment. Also, be certain to list all current expenses and complete income information. The Foundation uses this information to gain a complete understanding of your current financial situation.

Referring professionals are asked to mail a **completed** application to the following address or fax number:

The Cancer Foundation of Northeast Georgia
P.O.Box 49309
Athens, GA 30604-9309
Or
Fax to (706) 353-4353

Thank you again for your interest in The CFNEGA. Should you have any questions about this application, **please contact Kimberly Liebowitz, (706) 353-4354 or via e-mail at kliebowitz@negacancer.com**.

Sincerely,

Kimberly Liebowitz, MSW
Executive Director
The Cancer Foundation of Northeast Georgia