

FINANCIAL SUPPORT REQUEST - FONDATION HTAPO



First and Last Name: _____

Birth Date: _____ Age : _____

Place of Residence (city): _____ Tel.: () _____ - _____

MEDICAL FOLLOW-UP

Which year did you received your pulmonary hypertension (PH) diagnosis? _____

In which hospital are you being treated for PH?

Jewish General Hospital

Institut universitaire de cardiologie et de pneumologie de Québec (IUCPQ)

Other, specify: _____

Who is your PH doctor? _____

In which CLSC are you registered? _____

Type of PH: Pulmonary Arterial Hypertension (G-I); PH due to left heart disease (G-II);

PH due to lung disease and/or chronic hypoxia (G-III); Chronic thromboembolic PH (CTEPH) (G-IV);

PH due to blood and other disorders (G-V)

MEDICAL EQUIPMENT USED

Wheel Chair; Walker; Oxygen Concentrator; C-PAP;

Safety Device (e.g.: shower and bath bar/chair, seat, etc.); Other(s) (specify):

Details : _____

IMPORTANT : Contact the "Fondation" before purchasing or renting any equipment.

DOMESTIC SITUATION

Your marital status? Single; Married; Common law; Separated/divorced; Widower/Widow

Do you live alone: Yes; No

People under your care: None; Husband/Wife; Spouse. Other person(s)

Child/Children: How many? _____ For each child, please fill out the following table :

	Age?	Student?	Worker?	Invalid?		Age?	Student?	Worker?	Invalid?
Child Nu. 1					Child Nu. 4				
Child Nu. 2					Child Nu. 5				
Child Nu. 3					Child Nu. 6				

FINANCIAL SITUATION

INCOME: (Use your most recent income tax « avis de cotisation » issued by Revenu Québec)

PH Patient: - What is your total income declared on line 199? \$ _____

What are the sources of your income? Work; Retirement annuity; Social Assistance;

Salary Insurance; Québec Disability Pension; Quebec Pension Plan/Old-Age Security;

Guaranteed Income Supplement (GIS); Other(s), specify: _____

FINANCIAL SUPPORT REQUEST - FONDATION HTAPQ

Family Income: (Include incomes of all family members living with you in your calculations)

- What is the total family income? (total of all lines #199 Qué): \$ _____

Mandatory: (All copies of the most recent income tax « avis de cotisation » issued by Revenu Québec must be included)

PHARMACARE PLAN

According to which pharmacare plan are you covered?

- Your own collective plan; Your spouse or parents' collective plan;
 RAMQ (Québec Pharmacare Plan); The RAMQ Program « Patient d'exception »

What is the annual cost of your deductible? \$ _____ (1)

What is the cost of your monthly co-payment: \$ _____ X 12 months = \$ _____ (2)

Mandatory: Include first bill of the year

Total (1 + 2): \$ _____

OXYGEN NEEDED

What is the monthly rental cost of your pump/tank? \$ _____ X 12 months = \$ _____ (1)

What is the cost of a refill? : \$ _____ X How many refills per year? _____ = \$ _____ (2)

Mandatory: Include the supporting documents

Total (1 + 2): \$ _____

COST OF A HOSPITAL VISIT

What is the distance (one-way) between your home and the hospital you are treated for PH? _____ km

a) Public transportation: \$ _____

b) Parking: \$ _____

c) Fuel: \$ _____

d) Meals (if required): \$ _____

e) Lodging (is required): \$ _____

Total amount for one visit (a+b+c+d+e) = \$ _____

X Number of planned visits in one year = \$ _____

Total / year = \$ _____

HOME SUPPORT NEEDED (Use a separate page if needed.)

Specify details (e.g.: house cleaning, laundry, meals, hygiene, etc.) and list incurred costs.

Mandatory: Include the supporting documents.

OTHER NEEDS (Use a separate page if needed.)

Specify details and list incurred costs.

IMPORTANT: Do not incur costs before submitting your request.

Mandatory: Include the supporting documents (cost estimation).

TOTAL AMOUNT OF MY REQUEST: \$ _____

By signing this document, I authorize the "Fondation HTAPQ" to contact my PH doctor if need be.

Date

Signature

City

Note: Send your request with all necessary documents to the following address:

Fondation HTAPQ,
Casier postal 341, Plessisville (Qc) G6L 2Y8

For more information or for help filling up the form, contact:

Jean-Pierre Vigneault

By phone: (418) 440-5317

By email: info@htapquebec.ca