

### 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 to [meganneubauer@mioca.org](mailto:meganneubauer@mioca.org) or mail to MIOCA at 2075 W. Stadium #2649 Ann Arbor, MI 48106. For questions, please contact [info@mioca.org](mailto: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):	
_____	