

Martha's Song began
in 2005 offering help,
hope and compassion
to cancer patients in
Robertson County.



About the NorthCrest Foundation

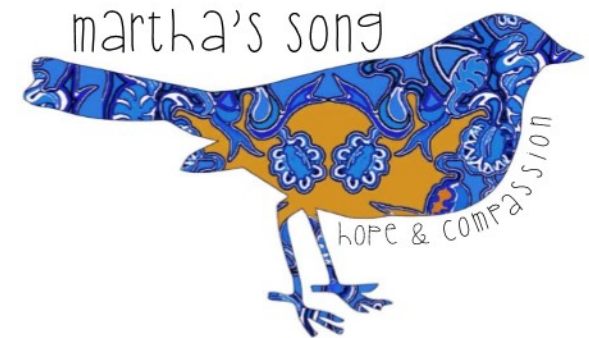
From the celebrated arrival of precious newborns to the end of life's journey, NorthCrest Medical Center has been taking care of our community health for more than 60 years with quality service and compassionate outreach.

The NorthCrest Foundation, a 501(c)3 non-profit is the philanthropic arm of NorthCrest Medical Center. We are committed to upholding its long-standing mission of providing quality healthcare to our community. The Foundation was established to:

- Develop resources to assist NorthCrest Medical Center in providing access to the best healthcare available.
- Raising funds to purchase equipment and new technology in order to meet the current healthcare needs and to expand services to the local areas of our region.
- Support wellness and prevention efforts in the areas of community education and health awareness programs.

Send donation,
inquires or requests to;

NorthCrest Medical Center Foundation
100 NorthCrest Drive
Springfield, TN 37172
615-382-6048
Fax: 615-433-7305
www.northcrest.com



Do you have
cancer?

We can
help...




What is Martha's Song and who is it for?

Martha's Song was developed in honor of a special lady - Martha Parker - who willingly donated hundreds of hours of time to help the citizens of her community. She voluntarily assisted other women who also received the diagnosis of cancer. The purpose of Martha's Song is to continue Martha's legacy of offering hope and compassion to cancer patients in Robertson County.

Martha's Song provides assistance to cancer patients in purchasing items such as medication and medical equipment, or personal items - such as breast prostheses, lymphedema sleeves or wigs - which may be needed as a result of the diagnosis and treatment of cancer, and may not be covered by insurance. More than 350 donations have been given through the Martha's Song program.

Martha's song is funded through donations and fund-raising activities supported by volunteers. Monies are allocated to the NorthCrest Foundation and earmarked for Martha's Song funds. All applications and execution of donations take place through the NorthCrest Foundation.

Monies to be disbursed based on availability of funds.



Monies in the Martha's Song program may be used for cancer-related needs not covered by insurance.

Applicants:

- 1) Must be a resident of Robertson County.
- 2) Must have needs that are related to the diagnosis of cancer.
- 3) Must send the attached form and related materials to the NorthCrest Foundation.

How to Apply:

- 1) Fill out the application.
- 2) Secure a letter from your doctor or oncologist stating you have cancer.
- 3) Collect unpaid cancer-related bills or receipts and include them with your application. (Examples: Cancer medication co-pay receipts from your pharmacy, hospital bills (paid or still owed), receipts or invoices for wigs or other cancer-related needs, etc.)
- 4) Mail the application to the address below or fax to 615-433-7305. Or you can hand deliver to NorthCrest. Call 615-382-6049 for office directions.
- 5) If your request is approved, you will be notified and arrangements made for payment.
- 6) The limit per recipient is \$500.00.
NorthCrest Foundation
100 NorthCrest Drive
Springfield, TN 37172

Other requests:

- 1) Any other request will be reviewed by the Martha's Song executive committee and approved by the foundation board within these guidelines.
- 2) Requests for assistance beyond this policy will be based on available funds.

In some instances, more than one grant may be given for cancer re-occurrences when the cancer has metastasized to other areas.



Martha's Song Application

(Please print)

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Type of cancer: _____

I need assistance with purchasing:

Wig

Lymphedema Sleeve

Special Bra

Nutritional Drinks (Boost, Ensure, etc.)

Out-of-Pocket Medication Expenses

Medical Bills

Transportation Costs for Treatment

Other (please explain) _____

Physician Name: _____

Physician Phone: _____

