BPIC Referral Request for Funding

Mission: To provide a financial health care safety net for those in our community who are uninsured or under-insured

What services do BPIC fund?

With an approved referral from a provider, BPIC can provide financial aid for:

- **Diagnostic/Radiology Studies**
  30/30/40 plan whereby BPIC and BGH pay 30% of the study with the patient being responsible for 40%. BGH does have a sliding scale through their BGH Cares program for further patient assistance.
- **Medical Supplies**
- **Prescription Medications**
- **Specialist Referrals**
  BPIC will cover the initial $100 to a specialist provider for consultation requested by provider
- **Lab work**

  Basic lab work will be covered through a partnership between BPIC and BGH.
- **Blood pressure cuffs**

  Blood pressure cuffs can be picked up at Sandpoint Super Drug or White Cross with presented form.

Date: ______________________________

Ordering Provider: ______________________________

Provider Office: ______________________________

Provider FAX #: ______________________________

PLEASE ATTACH PATIENT DEMOGRAPHIC SHEET AND COMPLETE THIS FORM AND FAX to 208-263-6963.

**** Please do not include any patient identifiers on this form ****

SELECT PATIENT FINANCIAL NEED: ☐ *uninsured*
☐ *under-insured with high deductible*
☐ *patient voices financial need*

Please select from following:

☐ **RADIOLOGY STUDIES:** ______________________________

30/30/40 rule applies unless otherwise requested with extraordinary circumstances explained below.

☐ **MEDICATION ASSISTANCE AMOUNT $:** ______________________________

Which medications? ______________________________

Patient Pharmacy: ______________________________

Please request a financial amount for one month or specified time frame that will be paid directly to patient's local pharmacy.

☐ **SPECIALIST CONSULT REQUEST:** ______________________________

☐ **OTHER REQUEST:** ______________________________

- *Mammograms/STD Testing- Please refer to Panhandle Health District*
- *Needs Primary Care Provider- Please recommend Kaniksu Community Health*

PROVIDER WILL RECEIVE REQUEST APPROVAL IN WRITING WITHIN 7 DAYS

☐ **LAB WORK REQUEST:** ***please circle***

CBC BMP Lipids A1C TSH
LFTs CMP UA Urine Culture

Other: ______________________________

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PROVIDER WILL RECEIVE LAB WORK REQUEST APPROVAL IN WRITING WITHIN 2 DAYS

☐ **BLOOD PRESSURE CUFF:**

If your patient has high blood pressure and is in need of a blood pressure cuff, please give this form to Sandpoint Super Drug or White Cross for a free blood pressure cuff covered by BPIC.

BRIEF DESCRIPTION OF PATIENT NEED: ______________________________

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Please write a brief sentence on patient's behalf explaining their health situation and need. Do not include patient name, date of birth or any patient identifiers.

☐ **Please check if your request falls within generally accepted medical practice and evidence based guidelines.**

* **Patient testimonials are welcomed and gladly accepted! Email: chryl@bpicc.org**

BPIC is a non-profit 501(c)(3) granting entity that does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations. Financial assistance to be determined by board governed selection criteria based on current financial status.