香港乳癌基金會
HK Breast Cancer Foundation

香港乳癌基金會
「Neratinib 乳癌患者資助計劃」申請表
Hong Kong Breast Cancer Foundation
Breast Cancer Patient Assistance Programme - Neratinib
Application Form

A. 申請人資料 Personal Particulars

必須填寫 **Mandatory:**

姓名Name (英文English): _____ (中文Chinese): _____

香港身份證號碼HKID card no.: _____ 性別Sex: □女性Female □男性Male

出生日期Date of Birth (日DD/月MM/年YYYY): _____

聯絡電話Tel. No.(住宅home): _____ 手提mobile: _____

地址Address: _____

緊急聯絡人：姓名：_____ 關係：_____ 電話：_____

就業狀況 Employment Status:
☐ 全職 Full Time ☐ 兼職 Part-time
☐ 自僱人士 Self-employed ☐ 無業/待業/失業 Unemployed
☐ 退休人士 Retired ☐ 家庭主婦 Housewife

婚姻狀況 Marital status:
☐ 未婚Never Married ☐ 已婚 Married ☐ 喪偶Widowed
☐ 離婚/分居 Divorced/Separated ☐ 其他Other

B. 個人及配偶或個人收入申報Individual and Spouse or Individual Income Declaration

(包括定期收取的酬金、佣金、租金收入等)
(Including allowance received regularly, commission, rental income)

申請人資料 Particulars of applicant				
姓名 Name	年齡 Age	性別 Sex	職業(如適用)/收入來源 Occupation/ sources of income (if applicable)	過去四個月的平均每月收入* (港元) Average monthly income in the last 4 months (HK$)
				☐ 個人Individual：
				☐ 個人及配偶 Individual and Spouse：

* 個人及配偶平均每月總收入 適用於已婚者, 而個人平均每月總收入(適於單身、分居、離婚或喪偶者)，詳情請參閱附件一。
* The maximum average monthly income per spouse applicable for married couple; per individual applicable for those who are single, separated, divorced or widowed. Please refer to Appendix 1.

香港乳癌基金會
HK Breast Cancer Foundation

C. 其他資料Other Information

您有否購買任何賠償藥費開支的保險？Do you have insurance coverage on your medication cost?

☐ 沒有 No

☐ 有 (請註明保險公司賠償的藥費開支詳情)

Yes (please state details of medication cost covered by your insurance company)

_____

您是否受益於其他 Neratinib 患者資助計劃？Have you benefited from other Neratinib Patient Assistance Programmes?

☐ 沒有 No

☐ 有 Yes，請列明計劃名稱/贊助機構名稱_____

D. 如申請人為待業或失業人士，請寫下失業原因或提供相關的失業證明文件：

If the applicant is unemployed, please state reasons of unemployment or provide documentary proof of unemployment:

E. 聲明Declaration

本人批准香港乳癌基金會查閱本人提供的資料，以確保所有資料均為完整及正確無誤，並可以電話或郵件就此項計劃與本人聯絡。本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人申請此項計劃的資料如有所更改，本人需主動聯絡香港乳癌基金會。本人了解在申請此項計劃所提供的一切資料，只作評核申請資格處理及改善此項計劃的用途。本人了解申請人可隨時取消有關申請，並拒絕香港乳癌基金會進一步查閱本人的資料。本人了解香港乳癌基金會有權要求申請人提供進一步資料和證明文件、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料，而贊助藥廠亦有權隨時停止提供此藥物的經濟資助。本人了解香港乳癌基金會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

I give Hong Kong Breast Cancer Foundation (HKBCF) permission to check my information to make sure it is true and complete and contact me by mail or phone about the Program. I declare that all the information in this application, including all copies of documents proving my income is true and complete. I will contact HKBCF if any of my information relevant to this application changes. I understand that the Program will only use my information to decide if I qualify to participate in the Program, administer or improve the Program. I understand that I can at any time withdraw from the Program, and cancel my permission to HKBCF for further validation of my information provided. I understand that HKBCF may request further information and supporting documents from applicant, interview applicant and household members, visit applicant's household, contact applicant's doctor-in-charge or medical insurance agents for more information and drug sponsors can change or stop the sponsorship at any time for any reason. I understand that HKBCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reasons.

申請人簽署 Applicant's Signature: _____ 日期 Date: _____

香港乳癌基金會
HK Breast Cancer Foundation

注意事項Importance Notice

請在遞交此申請表前，檢查你是否: Before you submit this application, make sure you:

☐ 已填妥本申請表格 Complete this application form

☐ 附上醫生填寫的「Neratinib乳癌患者資助計劃」主診醫生轉介信 Attach Doctor's Referral Letter for Breast Cancer Patient Assistance Programme – Neratinib

☐ 附上「Neratinib乳癌患者資助計劃」資助申請表格 Attach Breast Cancer Patient Assistance Programme - Neratinib Claim Form

☐ 附上醫生簽發的藥費正式單據（如申請醫療保險索賠，可附上經認證的真實副本及理賠文件）Attach original official medication receipts (or certified true copy if applied medicine insurance claim)

☐ 附上香港永久性居民身分證副本 Attach photocopy of your HKSAR identity card

☐ 附上收入及支出證明文件副本 Attach photocopy of document proof of income and expenses

請郵寄或親身遞交至：

香港乳癌基金會 (香港中心) – 香港北角木星街9號永昇中心22樓　或

香港乳癌基金會賽馬會乳健中心 (九龍中心) – 香港九龍牛池灣龍翔道28號1樓

(信封面請註明「申請 Neratinib乳癌患者資助計劃」)

Mail to:

Hong Kong Breast Cancer Foundation (Hong Kong Centre)

22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong

Hong Kong Breast Cancer Foundation Jockey Club Breast Health Centre (Kowloon Centre)

1/F, 28 Lung Cheung Road, Ngau Chi Wan, Kowloon

(Please mark "Application for Breast Cancer Patient Assistance Programme - Neratinib" on the envelope)

申請人須知：

- 如有需要，香港乳癌基金會有權要求申請人提供進一步資料和證明文件、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料。
- 香港乳癌基金會必定根據《個人資料(私隱)條例》所載的保障資料原則嚴謹行事，確保申請人的個人資料絕對保密。
- 香港乳癌基金會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

Notes to Applicants:

- HKBCF may request for further information and supporting documents from applicant, interviewing applicant and household members, visiting applicant's household, contacting applicant's doctor-in-charge or medical insurance agents for more information.
- All personal information collected will be treated as strictly confidential in compliance with the Personal Data (Privacy) Ordinance.
- HKBCF reserves the right to make the final decision and to decline any application without providing any reasons.

附件一 Appendix 1

資助計劃的經濟審核標準 **Financial Criteria**		
過去四個月的平均每月入息 (港元) **Average monthly income in the last 4 months**	**資助額(港元)** **Financial assistance amount**	**每位申請者資助額上限** **Maximum subsidy amount per patient**
≤HK$120,000 (個人和配偶, couple) 或　≤HK$60,000 (個人, person)	每購買 3 樽 Neratinib (共 540 粒) 可獲資助額為 HK$18,000	HK$72,000