

# RECIPIENT APPLICATION AND MEDICAL VERIFICATION



Recipient Name (First, Middle Initial, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number(H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

## TERMS:

AngelHair reserves the right to provide no more than (1) wig customization per recipient within a 5 year period. AngelHair, Inc. is not responsible for services performed that did not receive prior approval and/or fall outside the scope of the approved wig customization. Maintenance services are the full responsibility of the Recipient. Contract stylist may provide any additional services as needed or requested at the sole financial responsibility of Recipient.

## I have read, understand and agree to the terms of this application:

- A Government issued photo I.D. is required at the time of Recipient initial wig consultation,
- A "before" photo is required at the time of consultation and will be taken by the stylist performing the consultation,
- A printed current photo of yourself showing what "wig style" results you would like to work towards with the stylist.  
This photo will be left in the Recipient file.
- This application and verification must be faxed from the physician/provider office directly to AngelHair, Inc. at 1-844-891-1384

Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL VERIFICATION

Clinic/Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PLEASE CHECK ONLY ONE BOX

- The above named recipient will be suffering hair loss due to cancer drugs and/or treatments,
- The above named recipient has suffered hair loss within the past 6 months due to cancer drugs and/or treatments,
- The above named recipient has suffered hair loss within the past year and is currently suffering alopecia directly and specifically from the cancer related radiation and chemotherapy treatments, and, for this reason, is being referred to AngelHair, Inc.

**This referral covers application process for one (1) no cost wig customization to be provided through an AngelHair contract stylist.**

Physician Signature: \_\_\_\_\_ NPI# \_\_\_\_\_

\*\*\*Any written or typed modification to this Application/Verification voids this application in its entirety.

AngelHair's Mission is to support the healing powers of appearance while respecting each person's dignity and privacy during all services. To provide 100% no cost customized human hair wigs to women suffering hairloss due to cancer drugs and/or treatments.