

RECIPIENT APPLICATION AND MEDICAL VERIFICATION



Recipient Name (First, Middle Initial, Last): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

We will contact you by email once the form has been reviewed to begin the recipient process. Please ensure the email address provided within the application is valid and active, as all communication moving forward will be conducted via email.

Recipient Signature: _____ Date: _____

Wig care and product purchases are the full responsibility of the Recipient and AngelHair, Inc. is not responsible or liable for damages caused by third-party support services. All applicants, whether out-of-state or in-person, will receive a wig of their choice at no cost from our in-house inventory. Customization services can only be provided to in-person applicants. AngelHair, Inc. non-profit wigs and services are open to United States citizens only.

MEDICAL VERIFICATION

Clinic/Hospital: _____

Physician: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I hereby affirm the above named Recipient: _____

Will be suffering hair loss; has suffered hair loss within the past 6 months; and/or is suffering from permanent hair loss due to cancer drugs and/or treatment.

Physician Signature: _____ NPI# _____

This application MUST be submitted through the clinic/hospital HIPAA Compliant Fax to 1-844-891-1384 and MUST include ALL the following items below:

- A cover sheet with the physician's/provider's office information (Name of Clinic, Address, Phone Number, and a point of contact)
- The Completed Application & The Medical Verification
- A current copy of the recipient's United States Government-issued photo I.D.

Contact info for person submitting fax:

Name: _____ Phone: _____

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

AngelHair, Inc.'s Mission:

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

Fax 1-844-891-1384 ☎☎☎ Phone 952-476-2125 ☎☎☎ angelhairorg@gmail.com
18166 Minnetonka Blvd, Deephaven, MN 55391 ☎☎☎ www.angelhairforcancer.org