

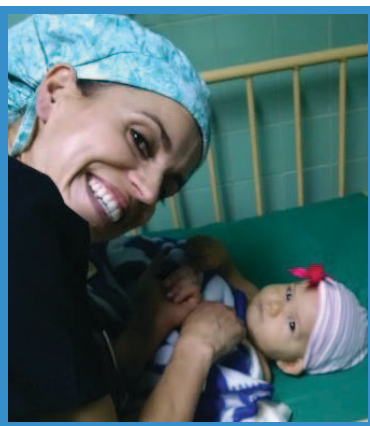
RESHAPING LIVES CALIFORNIA



Each year, thousands of men, women and children are unable to receive life-changing surgical care for many reasons. Plasticos Foundation provides reconstructive surgical care, free of charge, to uninsured and underinsured patients through the Reshaping Lives California program.

If you, a family member, or someone you know is seeking reconstructive surgery and meets the following criteria, they may qualify for the program.

- *Earn less than \$31,500 for an individual or \$61,500 for a family of four*
- *No health insurance, surgery not covered by insurance or unable to afford co-pay*
- *Ineligible for any publicly sponsored programs that would provide surgery, including Medi-Cal, Medicare, Healthy Families*



If you meet the criteria, please contact Plasticos Foundation to schedule an appointment for a screening visit. Potential patients need to be evaluated by a Plasticos Foundation doctor to be eligible for surgery. The screening clinics are offered four times each year.

Please contact Plasticos Foundation at 714-769-9974 or email us at info@plasticosfoundation.org

• Patient Testimonial •

“I am so blessed to have been a beneficiary of the services of Plasticos Foundation. Not only did they perform a life-saving procedure on me at no financial cost to me, but absolutely everyone with whom I worked through the whole process; from the initial application and consultation, through the surgical procedure itself, and the post-op follow-ups, were consummate skilled professionals, and demonstrated truly authentic care and compassion as well. I will be forever grateful to this organization.”

M. Karene



PLASTICOS FOUNDATION

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Non-Profit Tax ID# 33-0831358

Reshaping Lives California

Guidelines/Application

Patients may be referred for **outpatient, low risk & medically necessary procedures**.
(Available services depend on availability of volunteer doctors)

In order to qualify, a patient must:

- Not have health insurance or be underinsured.
- Be ineligible for any publicly sponsored insurance including Medi-Cal, Medicare, Healthy Families
- Earn less than 250% of the Federal Poverty Level: \$31,500 for individual, \$61,500 for family of four.
- Not require ongoing care by surgeon for successful recovery

Patient Name: _____

Address: _____

Phone #: _____ Email _____

Emergency Contact: _____ Contact phone #: _____

Language: _____ Ethnicity: _____ English Speaker in household? Yes No

Date of birth: ____ / ____ / ____ Sex: M F

Surgical Procedure Requested: _____

Circle all existing or past conditions:

Heart Disease Stroke Hypertension Lung Disease Kidney Disease Diabetes Cancer

Family History of Cancer Active Substance Abuse History of Substance Abuse

Other _____ Previous hospitalizations: _____

Mental Illness? Yes No Treated? Yes No

Previous Anesthesia? Yes No Not Known If yes, any complications? Yes No Not Known

If yes, please describe: _____

Medications: _____

Allergies: _____

Weight: _____ Height: _____ BMI: _____