



The purpose of Waves of Hope is to cover the cost of the Lake Express tickets for patients and their families when they need to travel to distant medical facilities for treatment of the numerous diseases that people are faced with every day. Our goal is to take part of the financial stress off of the patient in hopes that they can instead focus their energy on improving their health and quality of life. We will do our best to accommodate every situation that we are encountered with and work to make the travel plans as convenient as possible for patients and their families.

It is our pleasure to be able to help people during this difficult time in their lives. Please feel free to contact us with any questions or concerns that you may have, we are here to help.

Thank-you,

Dave Matuzeski
President

Patty Matuzeski
Vice President

Ame Matuzeski
Treasurer

Tim Hartzell
Secretary

Checklist for Waves of Hope

- *Application for Coverage of Lake Express Fare
- *Destination and Lake Express Ticket Info Form
- *Waiver of Liability for Patient and Passenger
- *Appointment Verification
- *Copy of Driver's License/ID for all passengers

Waves of Hope
www.WavesofHopeMI.com

1918 Lakeshore Drive
Muskegon, MI 49441
WavesofHopeMI@gmail.com

Fax: 231.755.2427
Phone: 866.914.1010

Our Inspiration

A relative of the Matuzeski family, Brad Foster fought for his life against Metastatic Melanoma for over 3.5 years. When there were no other options in West Michigan, Brad sought treatment at the Mayo Clinic. After those treatments failed, he was referred to an oncologist at Aurora Health/St. Luke's in Milwaukee conducting some clinical trials for Melanoma. St. Luke's, a phenomenal hospital, happened to be about 5 miles from where the Lake Express docks. The Lake Express cut down travel time and gave the gift of having valuable time with his wife and two young sons, safety, and the convenience and comfort of facilities while dealing with the horrible side effects from his cancer treatments. Every time Brad and his wife would return home from a treatment, their children and family would gather at the Muskegon Channel to welcome them home...good memories during a terrible time. During the treatment, the MMG (Muskegon Motorcycle Gang) held a fundraiser to offset the cost of the ferry. Brad passed away in December 2011, but it is too soon to say he "lost the fight to cancer," as he willingly subjected himself to so many research studies...he may still win that fight.





Application for coverage of Lake Express Fare

Patient Information: Name: _____ Address: _____ City/State/Zip: _____ DOB: _____ Age: _____	Contact Information: Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Fax: _____
If this form is being filled out by someone other than the patient: Name: _____ Relationship to Patient: _____ Address: _____ City/State/Zip: _____ DOB: _____ Age: _____	Contact Information: Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Fax: _____
Primary Physician Info: Name: _____ Office phone: _____ Office Fax: _____	
Please describe the patient's medical condition:	
Patient Signature: _____ Date: _____	
Parent/Guardian Signature (if under 18): _____ Date: _____	
Preparer Signature (if form not filled out by patient): _____ Date: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><i>Waves of Hope</i> www.WavesofHopeMI.com</p> </div> <div style="width: 40%; text-align: center;"> <p>1918 Lakeshore Drive Muskegon, MI 49441 WavesofHopeMI@gmail.com</p> </div> <div style="width: 30%; text-align: right;"> <p>Fax: 231.755.2427 Phone: 866.914.1010</p> </div> </div>	



Lake Express, Passenger & Medical Facility Information

Patient Information

Name: _____

Cell Phone Number: _____

Patient Signature: _____ Date: _____

Parent/guardian signature (if under 18): _____ Date: _____

Additional Passenger Info

Name: _____

Relationship to Patient: _____

DOB: _____

Cell Phone Number: _____

Signature: _____ Date: _____

****If more than one additional passenger is going, please attach their info to this application**

Appointment/Procedure Information

Facility of appointment/procedure: _____

Location of appointment/procedure: _____

Date & time of first appointment/procedure: _____

Date & time of last appointment/procedure: _____

Lake Express Information (office use only)

Leaving Muskegon

Outgoing Date: _____

Outgoing Time: _____

Leaving Milwaukee

Outgoing Date: _____

Outgoing Time: _____

Arriving in Milwaukee

Arrival Date: _____

Arrival Time: _____

Arriving in Muskegon

Return Date: _____

Return Time: _____

Waivers/Forms (office use only)

Application for Coverage: _____

Liability Waiver: _____ Copy of ID: _____

Destination & Lake Express Info: _____

Appointment Verification: _____ Invoice: _____

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Liability Waiver

Waves of Hope is not responsible for alternative transportation if the Lake Express cannot run due to ANY reason such as weather or maintenance. Waves of Hope will do their best to accommodate last minute changes, but some factors may be beyond our control such as the Lake Express already being at capacity. If the Lake Express is not running for any reason it is your responsibility to find alternative modes of transportation and these are NOT be covered by Waves of Hope, all expenses for any other transportation will be covered by the individual(s) requiring the transportation. Waves of Hope is not responsible for any of the property, including a vehicle that the individual(s) brings with them on the Lake Express. You are riding the Lake Express at your own risk and Waves of Hope is not responsible for you or your belongings.

This waiver must be signed by all passengers riding the Lake Express courtesy of Waves of Hope.

Passenger signature: _____ Date: _____

Passenger signature: _____ Date: _____

Passenger signature: _____ Date: _____

Passenger signature: _____ Date: _____