LUNG CANCER INITIATIVE
of North Carolina

5171 Glenwood Ave., Suite 401
Raleigh, NC 27612
(919) 784-0410
(919) 784-0416 (Fax)

Patient Access to Care
Gas Card Application- Returning Applicants

Name of Applicant:_____ Date:_____

Address:_____ Date of Birth:_____

_____ Already received a gas card: Yes/No

Phone Number:_____ If yes, approx. date:_____

1.) Have you had any changes in your financial status?	□ Yes	□ No
If yes, please explain:		
2.) Have you had any changes in your working status?	□ Yes	□ No
If yes, please explain:		

Which of the following gift cards would you prefer?

BP	Exxon Mobil
Uber (Rideshare)	

If you have had any other changes since your last gas card, please explain (including treatment plan): _____

_____

How has the Lung Cancer Initiative Access to Care Gas Card program impacted your life and treatment?

_____

_____

Name of the facility where treatment will be received:_____

Healthcare Facility Contact Person: _____

Contact Person email address:_____

Signature of Patient:_____

Signature of Contact from Healthcare Facility:_____