



NASHUA REGIONAL CANCER CENTER, INC.
11 North Southwood Drive
Nashua, NH 03063

Date: _____

Please return completed form to the Business Office within one week of receipt.

FINANCIAL AID APPLICATION

Patient's name: _____ Phone: _____

Address: _____

Date of Birth: _____ Social Security # _____

Married ___ Single ___ Male ___ Female ___ Health Ins. Yes ___ No ___

How many dependents? _____ U.S. Citizen: Yes ___ No ___

Please include a copy of your Green Card / Passport if you are not a U.S. Citizen.

INCOME INFORMATION

Are you currently employed? Y ___ N ___ Full-time ___ Part-time ___

Employer's Name _____

Wages \$ _____ Weekly ___ Monthly ___

Is your spouse employed? Y ___ N ___ Full-time ___ Part-time ___

Wages \$ _____ Weekly ___ Monthly ___

Do you receive Social Security Income or Retirement Income? Y ___ N ___

TOTAL INCOME OF HOUSEHOLD \$ _____ PER YEAR.

CURRENT INSURANCE STATUS

What type of health insurance do you currently have? _____



PATIENT NAME: _____

DOB: _____

Have you applied for medical insurance through the Health Insurance Marketplace or at HealthCare.gov? Yes ___ No ___ NH Medicaid Yes ___ No ___

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PLEASE USE THIS SPACE FOR ANY OTHER INFORMATION YOU MAY WISH TO PROVIDE.

_____.

I UNDERSTAND THAT THE INFORMATION WHICH I HAVE SUBMITTED IS SUBJECT TO VERIFICATION BY NRCC AND SUBJECT TO REVIEW AS REQUIRED. I CERTIFY THAT THE ABOVE INFORMATION I HAVE SUBMITTED IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT IF THE INFORMATION WHICH HAVE I SUBMITTED IS DETERMINED TO BE FALSE, SUCH A DETERMINATION WILL RESULT IN A DENIAL OF THIS REQUEST AND THAT I WILL BE LIABLE FOR CHARGES FOR SERVICES PROVIDED.

- **PLEASE PROVIDE THE FOLLOWING “PROOF OF INCOME” DOCUMENTS**
- **MOST RECENT INCOME TAX FILING.**
- **CURRENT BANK STATEMENT (3 CONSECUTIVE MONTHS)**
- **PAYCHECK STUBS (3 CONSECUTIVE PAYSTUBS)**

Applicant’s Signature

Date _____

FOR RADIATION CENTER OF GREATER NASHUA USE ONLY

Comments _____

% OF FREE CARE APPROVED _____

Approved By: _____

Date: _____