LUNG CANCER INITIATIVE
of North Carolina

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

Patient Access to Care
Gas Card Application- Returning Applicants

Name of Applicant:_____ Date:_____

Address:_____ Date of Birth:_____

_____ County:_____

Phone Number:_____ Already received a gas card: Yes/No

Email address (required):_____ If yes, approx. date:_____

□ *By checking this box, I agree to receive promotional communications for Lung Cancer Initiative programs, resources, and events.*

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)	

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:_____

Lung Cancer Initiative Access to Care Gas Card Application

Signature of Contact from Healthcare Facility:_____