



Please complete fully; incomplete forms will be returned.

Patient Demographics/Financial Assessment

Have you checked with National Organizations/Other Community Agencies? (Yes/No) _____

Date of Request: _____ Unit #: _____ Age: _____ Sex: _____

Patient's Name: _____ Marital Status: _____

Address (include zip code): _____

Total Household #: _____ # Dependent Children: _____ & Adults: _____

Check all that apply

Insurance Employed Unemployed On Leave Transitional Assistance

Occupation: _____ Net Annual Income: _____

Diagnosis/Disease Center Information

Pedi-Oncology Adult Oncology Other

Diagnosis: _____

Has Patient ever been hospitalized at MGH? _____

Financial Relief Request

Utilities Transportation Mortgage/Rent (must provide Tax Payer ID or SSN)

Other:

Amount Request from Social Service: \$ _____

Amount to be paid by other sources \$ _____ (Please specify sources below)

Patient Family Agency Other : _____

Complete page 2 - summary with reasons for the request and **submit with this application**

Please allow up to 4-6 weeks for MGH Accounting to process this check request.

Payment Procedure

All supporting documentation must be submitted in order to receive payment. For rent fund requests, please include lease, rental receipts, application or letter from landlord detailing specific amounts and explanation. You must include a telephone number and Tax ID or Social Security Number for the landlord.

Checks will not be made payable to the patient, but will be made out to vendor/landlord.

Check Payable To (Vendor Name): _____ ITIN/SSN: _____

Sending Instructions Mailing Address (P.O. Boxes not accepted): _____

Social Worker Name (Please Print): _____

Patient/Family (please obtain signature when possible): _____ **Date:** _____

Please use this space to write a detailed narrative with reasons for the request:

Please submit to Anaceilys Sanchez by email with receipts scanned and attached or print and fax with receipts to 617-726-7676

For Internal Use Only:

Financial Relief Request Received: ___/___/_____

Received Support Documents: Yes ___/___/_____ F/U Required

Request Processed Yes ___/___/_____ No / Explanation: _____