Cancer Care of Marquette County

(906) 273-0045 700 West Kaye Avenue • Marquette, MI 49855



APPLICATION FOR PATIENT ASSISTANCE

Date:	Referred By:
Patient Name:	Birthdate:
Gender: M F Marital Status: M S W D	Number in Household:
Mailing Address:	
Email:	Home Phone:
Name of Spouse:	Cell Phone:
Monthly Household Income:	
Contact Person/Relation:	Phone:
MEDICAL	
Diagnosis:	Treating Doctor:
Medical Facility where you are being treated:	
INSURANCE	
☐ Medicare B ☐ Medicaid	☐ Commercial Insurance
☐ Other Insurance	☐ Supplemental Insurance
Do you have a Cancer Insurance or Policy? Yes	No
to Cancer Care of Marquette County, its Patient Care Dir once my health information is used or disclosed pursuan release by the receiving party and may no longer be pro- Regulation 42CFR Part 2 and Public Act 258 to in which of my written authorization. I agree indemnify and hold harm	indersigned patient in accordance with state and federal laws rector and the Patient Care Coordinators. I understand that it to this authorization, it may be subject to re-disclosure or tected by Federal or State Law, unless protected by Federal asse it cannot be re-disclosed by the receiving party without inless Cancer Care of Marquette County, their employees and for alleged invasion of privacy, libel or slander, defamation
Patient Signature	Date

List Agencies that you have o	contacted for assistance:
Desired Assistance from Cancer Care of Marquette County:	
	BOMATZIERA TMBIRAR 208 MOGRATUSTA

Please return application to:

David Poirier 700 W. Kaye Avenue Marquette, MI 49855 906.273.0045 poirph@msn.com

Lynn Bartanen 1045 Greenwood Street Ishpeming, MI 49849 906.485.1114 sbartanen@aol.com Karen Marietti 155 Copper Street Ishpeming, MI 49849 906.486.6916 & karen.marietti@att.net

Interviewers Comments:

