

Form Instructions

This form is to be completed after you have completed your initial consultation with Simms/Mann UCLA Center for Integrative Oncology. If the initial intake assessment fees cannot be met, please fill out the form and return it to info@theajcf.org, Mail or Fax it to 800-774-1628.

If you have any question or comments, write or email us:

1976 S. La Cienega Blvd, Ste. 400
Los Angeles, CA 90034

Tel 323-960-5006
Fax 800-774-1628
info@theajcf.org
www.theajcf.org

Patient Name: _____ Referring Physician: _____

Simms/Mann Center Clinician: _____ Date of Interview: _____

Medical Records: _____ DOB: _____ Age: _____

Diagnosis: _____ Stage of Disease: _____ Date of DX: _____

Assessment of Financial Need:

Please indicate what economic variable makes this patient in need of scholarship support?

- Unemployed
- Underemployed
- Working Part-time
- On Sick leave/disability
- Medi-Cal
- Underinsured:

Extraordinary Medical Expenses: (List)

Other Personal Situations: _____

Approximate Take Home Salary at Present: _____

Number of People in Household (or additional Dependents) _____

Recommendation for Support:

Scholarship

- 50 % Scholarship (Reduces fee from \$350 to \$175)
- 75 % Scholarship (Reduces fee from \$350 to \$87.50)
- 100% Scholarship

Limited Copayment

- \$50
- \$25
- \$10

Support for Supplements in Reflections

Approved By: _____ Date: _____

