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@theaicf.com, Mail or Fax it to 323-417-5085.

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

5424 Laurel Canyon Blvd, #F125

Tel 323-960-5006

Fax 323-417-5085

infor@theajcf.org

www.theajcf.org



Referral Form - Mary Hardy, MD Services Simms/Mann Center for Integrative Oncology Women with Cancer (45 or older) Low income/Limited Resources (AJCF GRANT)

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)		

Approved By: ______ Date: _____

□ 75 % Scholarship (Reduces fee from \$350 to \$87.50)

☐ 100% Scholarship

Support for Supplements in Reflections

Limited Copayment

□ \$50

□ \$25

□ \$10



Exec Dir.

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Grantee	Date	

Date