

MERIDIAN PARK RADIATION ONCOLOGY CENTER  
 6489 SW Borland Rd.  
 Tualatin, OR 97062  
 Office (503) 503-692-4843 Fax (503) 692-6543

**FINANCIAL  
 ASSISTANCE  
 APPLICATION**

**You must complete the following information:**

Head of Household:			
Patient's Name:			
Address:	City:	State:	Zip:
Home Phone: ( )		Work Phone: ( )	
Current Insurance Company Name:			
Service(s) Requested:			

Number of People in Immediate Family:

**You must provide the following to for the number of family members claimed:**

Name:	SSN: - -	Name:	SSN: - -
Name:	SSN: - -	Name:	SSN: - -
Name:	SSN: - -	Name:	SSN: - -
Name:	SSN: - -	Name:	SSN: - -
Name:	SSN: - -	Name:	SSN: - -

**Please complete:**

	Weekly	Monthly	Annually
Gross Paycheck(s):			
Social Security Benefits:			
Veterans Benefits:			
Public Assistance:			
Contributions from relatives:			
Child Support:			
Alimony:			
Other:			

**You must attach the following:**

	Document	Dated
Two (2) most recent:	Paycheck Stub or copy	/ /
	Paycheck Stub or copy	/ /
Two (2) most recent:	Bank Statement or copy	/ /
	Bank Statement or copy	/ /
Most recent:	Federal Tax Return	/ /
	List of Current monthly expenses	

I affirm that all of the information in this document is true, correct and complete to the best of my knowledge. This information is being submitted to Meridian Park Radiation Oncology Center as part of my financial assistance request.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_