



Live Well with Cancer Fund

Because Everyone's Health Matters

APPLICATION

Date of Application _____

The Natural Care Center is committed to providing 10 free full body acupuncture treatments to eligible individuals based on evidence of having an active cancer condition. If the patients are in between cycles of treatments they are eligible for treatment in the program. Individuals in remission would not be considered for acupuncture treatment.

Please complete the following information and return it to us to determine eligibility:

- Photo ID.
- Documentation from your physician stating that you are currently being given Western medical care for the treatment of cancer including the type of cancer treatment.

Applicant Name _____

Were you referred by a clinical intern? Yes No If so, name of student _____

Address _____ City _____

State _____ Zip Code _____

Home/Cell Number _____ Email: _____

I certify that the documentation above is correct to the best of my knowledge. I understand that if this information is determined to be false, I may be required to pay for any charges previously covered by my free treatment at the Natural Care Center. The 10 free full body acupuncture treatments are valid for one year from the effective date unless there is a change of medical status.

Applicant Signature _____

Date _____

Office Use Only

Eligibility Application

Referred by _____

Effective Date _____ Expiration Date _____

Patient Notified via: phone in-person email other Date _____

Natural Care Center Representative Name _____

Natural Care Center Representative Signature _____