



NON-MEDICAL FINANCIAL ASSISTANCE PAYMENT REQUEST

Gas Cards are **only available** when GYNCA receives them in the office and issues them once per month per client.
There may be a waiting period until we receive a shipment.

In order to qualify for non-medical financial assistance, a woman must have received a gynecologic cancer diagnosis or recurrence due to a GYN Cancer. Clients **must** be undergoing CURRENT chemo/radiation treatment. **Once** you are not receiving chemo/radiation treatment, GYNCA no longer offers direct Non-Medical Financial Assistance. We do offer other resources in your community by request.

Member Name: _____ Phone Number: _____

Member Address: _____ City/State/Zip: _____

Please Circle which gas card you prefer (default will be limited to the availability of gift cards remaining)

Wal-Mart/Murphey's ● Casey's ● Kum & Go

By signing this form, the member agrees to the following:

- I verify that I am currently seeing my doctor for Chemo/Radiation treatment for a gynecologic cancer.
- Gas cards are only issued only once per month and are never a guarantee.
- The amount is based upon what we have donated in the office and how often chemo/radiation appointments are.
- These cards are for travel to/from your chemo/radiation appointments only.
- Gas cards will not cover all costs incurred with your travel for treatment.

Signed by Member: _____

This form must be signed by the member in order to process this request.
If not signed, it will be sent back to you and could delay the gas card process.

-----Below This Line - Office Use Only-----

Date Mailed / Delivered / Picked Up: _____ ● Approved: _____ Denied: _____

Check/Gift Card Number: _____ ● Amount \$ _____