



Northern California PET Imaging Center

Financial Hardship Eligibility

To Request Financial Hardship Assistance, Please Complete and Fax This Form to: 916-737-3211

Patient

Name _____

SS# _____

Address _____

Phone _____

EMPLOYMENT

Employer _____

Job Title _____

Contact Name _____

Contact Phone _____

Spouse

CURRENT MONTHLY INCOME

Patient

+

Spouse

Family

Gross Pay (before deductions) \$ _____ \$ _____ \$ _____

Other Income

Interest & Dividends \$ _____ \$ _____ \$ _____

From Real Estate \$ _____ \$ _____ \$ _____

Social Security \$ _____ \$ _____ \$ _____

Other - Specify _____ \$ _____ \$ _____ \$ _____

Alimony or Support Payments \$ _____ \$ _____ \$ _____

Sub Total Income

Alimony or Support Payments Paid (minus) \$ _____ \$ _____ \$ _____

Total Income

\$ _____ \$ _____ \$ _____

FAMILY SIZE

_____ List all dependants in your household

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this form, I agree to allow NCPIC to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand that I may be required to provide proof of the information I am providing.

Signature of Patient or Guarantor _____ Date _____

****ATTACH LAST PAYSTUB & MOST RECENT BANK STATEMENT****



Northern California PET Imaging Center

Excellence
Pioneering
Collaborative
Focused and Independent
Compassionate, patient-centered care

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