21st Century c.a.r.e.
A Foundation for Cancer Assistance, Research & Education
Fighting cancer together with 21st Century Oncology, one patient at a time

Temporary Lodging Form

Instructions: If you are requesting temporary lodging, please fill out all sections below and submit with the regular Financial Assistance Application.

Last Name: _____ First Name: _____

Telephone: _____ Alternate phone: _____

DOB: _____

Please provide three hotels/motels closest to your treatment facility center in order to obtain best nightly rate.

1) Name of Hotel: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

2) Name of Hotel: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

3) Name of Hotel: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Patient/Parent signature

Reservations will be guaranteed for one night only. Additional nights will be provided as approved by the Financial Assistance Committee if the patient complies with hotel policies. It is the responsibility of the patient to keep any reservation that is made on their behalf. Failure to do so may result in all future reservations being forfeited indefinitely. If a cancellation is needed, this office must be notified one business day prior to check-in. Please contact our office at (239) 936-3756 or Toll Free: (888) 850-1622.

_____ _____

Signature Date signed

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Outcome/comments: