



1800 N Perry Street, Suite 103  
Ottawa, OH 45875  
419-235-6487 / 419-538-6482  
<http://www.pccap.org>

## Putnam County Cancer Assistance Program

### 2017 Guidelines for CAP

There are 3 forms for use: The mileage reimbursement form is for all mileage related to your cancer treatment, the non-medical aide services form is used for non-medical services received during active treatment, and the medical reimbursement form is to be used for all other costs associated with your cancer treatment.

- Mileage will be paid for trips concerning treatment and any medical visits associated with the treatment for cancer. If you are going to get labs, x-rays, etc., done please have that on another form, if it is not done at the doctor's office of treatment. The initial mileage form needs a doctor's signature. A nurse or radiation tech can sign for each visit thereafter. If seeing more than one doctor, please have a signed form from each doctor initially.
- Mileage is for patient only, not for family visits.
- The medical reimbursement form initially needs to be signed by the doctor. When treatment changes, a new form needs to be completed and signed by the doctor. When entering into a new calendar year, please get a new form signed (just like you would for a renewed prescription).
- For reimbursement for medicines, use the medical reimbursement form, have the doctor list the prescriptions that are ordered for the cancer, and have that doctor sign that form. We will continue to use that form for further reimbursement if there are no changes in the medication.
- Reimbursement for co-pays (capped at \$2,000/year) must be on the medical reimbursement form, signed by the medical doctor and attach proof of payment or if you wish us to pay directly please provide invoice from medical provider and explanation of benefits from insurance company.
- Reimbursement for medical supplies will be considered if listed specifically and signed by the doctor—again will reuse the original signed form until the doctor makes changes.
- Reimbursement for wigs (capped at \$200.00) should be on a medical reimbursement form and again signed by the doctor.
- Reimbursement for Non-Medical Aide Services during Active Cancer Treatment (capped at \$500/year) must be on the Non-Medical Aide Services Form, signed by a medical doctor and attach proof of payment or if you wish us to pay directly please provide invoice from the agency of your choice.
- For in-house chemo treatment we will reimburse \$300 monthly, if a signed medical reimbursement form is provided.

We will not reimburse for meals, hotel stays, parking charges and any over the counter medications, like aspirin, vitamins, stool softeners, etc.

Please submit for reimbursement at least quarterly—reimbursement is based on funds available, so for your benefit please submit on a regular basis.

Please have all forms for the calendar year in by March of the following year, we will not be able to reimburse you for the prior year expenses after March of the next year.

Please return all forms to the CAP, 1800 N Perry St, Suite 103, Ottawa OH 45875; or Fax to 419-943-1040. If you should have any questions or concerns, please call Ruth Gerding at 419-538-6482 or Kathi Amstutz at 419-235-6487. **For further information and forms please visit our website at <http://www.pccap.org>.**



*Partner Agency*