



Mileage Reimbursement Form for Cancer Treatments or Miscellaneous Visits

Patient: Please complete the dates and have this signed below. The purpose of this form is to apply for reimbursement for any mileage accumulated during trips for cancer related needs, such as radiation and/or chemotherapy treatment, MD appointments, labs, tests, etc. Patient does not need to track mileage, MapQuest will be used from patient's address to treatment center, please provide full address for both and use a different form for each doctor or treatment center. Please submit at least quarterly for payment.

Patient's Name: _____

Address: _____ Phone: _____

Name of Treatment Center _____

Address: _____ Phone: _____

Physicians Signature _____

| Date (Can be signed by nurse) | Treatment Center Signature | Date (Can be signed by nurse) | Treatment Center Signature |
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Please return form to:
 Putnam County Cancer Assistance Program
 PO Box 165
 Glandorf, OH 45848
 Phone: 419-235-6487
 Email: kathi@metalink.net
<http://www.pccap.org>

