There's Help & There's Hope!

CAP

Putnam County Cancer Assistance Program

# Non-Medical Aide Services Reimbursement Form During Cancer Treatment

**Patient:** Please list each date for Non-Medical Aide Services received during treatment. Please attach proof of payment for reimbursement or billing statement from the agency of your choice to be paid directly. Maximum payment to be paid is $500 per year. Please submit at least quarterly for payment.

Patient's Name:_____

Address:_____Phone:_____

List of Dates for Non-Medical Aide Services:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Stage of Treatment being received: (circle one) Active Chemotherapy/Radiation Treatment
Continuous/Follow Up Treatment

Physician's Signature:_____Date_____

Address:_____Phone_____

**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

United Way

United Way of Putnam County

Partner Agency