There's Help & There's Hope!

CAP

Putnam County Cancer Assistance Program

Non-Medical Aide Services Reimbursement Form During Cancer Treatment

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_____

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.

Please return form to:
The Putnam County Cancer Assistance Program
PO Box 165
Glandorf, OH 45848
419-235-6487 / 419-538-6482
Fax: 419-943-1040
http://www.pccap.org

United Way
United Way of Putnam County