There's Help & There's Hope!

CAP

Putnam County Cancer Assistance Program

Mileage Reimbursement Form for Cancer Treatments or Miscellaneous Visits

Patient's Name:_____

Address:_____Phone:_____

Name of Treatment Center_____

Address:_____Phone:_____

Physicians Signature _____

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.

Date	Treatment Center Signature (Can be signed by nurse)	Date	Treatment Center Signature (Can be signed by nurse)

Please return form to:

The Putnam County Cancer Assistance Program
1800 N Perry St, Suite 103
Ottawa, OH 45875
419-235-6487 / 419-538-6482
Fax: 419-943-1040
http://www.pccap.org

United Way
United Way of Putnam County

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PARTNER AGENCY