Transportation Assistance Form

Forms may be duplicated, but are non-transferable

Please complete forms every 14-30 days. Forms must be postmarked within 2 weeks of last appointment date on form or they may not be paid.

Union County Cancer Society
funded by United Way of Union County

Union County Cancer Society, Inc.
P.O. Box 557
Marysville, Ohio 43040

Effective Date:
Patient Name:
Address:
Phone number:

Transportation assistance is for ***treatment and cancer-related visits during treatment.***
Compensation is in the form of a gas card computed at the rate of .20¢ per mile. In order to qualify for gas card assistance, reimbursement must exceed $10.00. Amounts will be rounded to the nearest dollar. Total reimbursement for all services will not exceed $400.00

TO BE COMPLETED BY THE PATIENT:

Round trip mileage from your home to the treatment center: _____

PLEASE TAKE THIS FORM WITH YOU TO YOUR NEXT TREATMENT VISIT. THANK YOU!

TO BE COMPLETED BY BY REPRESENTATIVE OF THE TREATMENT CENTER
(Nurse, Social Worker, Receptionist, etc.)
List dates of completed visits only. We are unable to reimburse for future appointments.

Name of Treatment Center: _____

Type of treatment: _____ Number of cancer related appointments: _____

Specific dates of appointments: _____

_____

_____

_____

Signature of Treatment Care Representative: _____

Phone number of Treatment Center Representative: _____

If you have any questions or have not received reimbursement within 1 month of submission to our office, please call 937-642-3910

(For internal use only)

Gas Card

Amount: _____

Date: _____

(MM)

☐

Rev 1/13