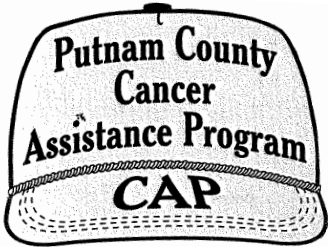


**PUTNAM COUNTY HOMECARE & HOSPICE AUXILIARY
CANCER ASSISTANCE PROGRAM**

Mileage Reimbursement Form for Cancer Treatment



Patient's Name: _____
 Responsible Party: _____
 Address: _____
 Phone: _____

Frequency of treatments: _____

This confirms that chemotherapy and/or radiation treatment has been given at:

Name of Treatment Center: _____

Address: _____

Phone: _____

Type of Treatment Received (Circle One): Chemotherapy Radiation

List each date of completed chemotherapy and/or radiation treatment, and have it signed by treatment center:

Date	Miles Driven	Treatment Center Signature	Date	Miles Driven	Treatment Center Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Return to: Putnam County Homecare & Hospice
 139 Court Street
 Ottawa, OH 45875
 Phone: 419-523-4449 Fax: 419-523-6328
 (Next to the courthouse in Ottawa)
 May call for more information at 419.523-5608, ext.238

Additional reimbursement forms available at: www.pchh.net

11/2011



A Service of Putnam County
Home Care and Hospice Auxiliary

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Member Agency
United Way of Putnam Cour