Cancer Connection
Lynne Wunsch Memorial Travel Program
8711 Teal Street Suite 302
Juneau, AK 99801-0329
(907) 796-2273
FAX (907) 463-2616

Travel Assistance Patient Data Form

Patient Information (please print):

Name ______________________	Phone ______________
Mailing Address ______________________	Age ______________
City ______________ State ________	Zip ______________
Patient's Email Address ______________________	

Cancer related reason for travel: _____ treatment/surgery; ______diagnostic; _____follow-up care.
(Please check all that apply)

I hereby authorize my physician to release my diagnosis to Cancer Connection for the purpose of establishing eligibility for travel assistance. I understand this authorization is voluntary. I have also reviewed the allowable conditions for travel reimbursement, and understand reimbursement eligibility is limited to my own expenses incurred, up to Cancer Connection's annual cap.

______________________________ ______________
Signature of Patient Date

Assistance Required (to be completed by Health Care Provider)

Transportation to: ____
Location Treatment Center Name

Certification of Physician
This patient has a positive diagnosis of: ______________________________
Designation of Cancer

I hereby certify that the patient is traveling outside their community for cancer treatment.

Date: ________________ Physician Printed Name: ______________________________

Physician's Signature: ______________________________

Send completed form to *Cancer Connection* at the address above

This is a "reimbursement" program. Recipients must submit receipts to Cancer Connection for travel expenses incurred. Examples of expenses include documentation for airfare, lodging, rental car, gasoline, taxis, shuttle bus, ferry tickets or other expenses related to travel outside their community for treatment. Recipients may FAX or mail receipts to the address in the upper righthand corner of this form. Or email to admin@cancerconnectionak.org. (revised 8/29/23)

***** Prior year receipts must be received by 3/31 of current year to be considered for reimbursement.***