



Cancer Connection
Lynne Wunsch Memorial Travel Fund
PO Box 20329
Juneau, AK 99802-0329
(907) 796-2273
FAX (907) 463-2616

Travel Assistance Patient Data

Patient Information (please print):

Name Phone

Mailing Address Age

City State Zip

Email Address

Physician Name

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.

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

The purpose of this request is for travel assistance for the patient outside their community, I hereby certify that the patient is going to a cancer treatment center.

Date: _____ Physician's Signature: _____

Please FAX completed form to Cancer Connection at (907) 463-2616.

The Travel Assistance Program is a "reimbursement" program. The patient 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. Patients mail or FAX receipts to Cancer Connection at the address in the upper right hand corner of this form.

**Please note: Prior year receipts need to be received by 3/31 of current year in order to be considered for reimbursement.*