



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.