PUTNAM COUNTY HOMECARE & HOSPICE AUXILIARY
CANCER ASSISTANCE PROGRAM
Medication Reimbursement Form for Cancer Treatment

Patient's Name: _____

Responsible Party: _____

Address: _____

Phone: _____

This confirms that the following medication(s) is/are being prescribed for the treatment of cancer:

Name of Medication: _____

_____

_____

Stage of Treatment being received: **Active Chemotherapy Treatment**
Continuous/Follow-up Treatment

Physician's Signature:_____ Date: _____

Address:_____

PATIENT:
List each medication and attach pharmacy or insurance payment forms indicating out of pocket costs:

Medications:

_____

_____

_____

_____

_____

_____

Please return completed forms to:

Putnam County HomeCare & Hospice
139 Court Street
Ottawa, Ohio 45875
Phone: 419-523-4449 Fax: 419-523-6328
(Next to the courthouse in Ottawa)

A Service of Putnam County HomeCare & Hospice Auxiliary. Funding is in part by The United Way of Putnam County.

United Way

Member Agency
United Way of Putnam County

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