**Ontonagon County Cancer Association**

*Dedicated to serving the people of Ontonagon County*

P.O. Box 282, **Service Chair**, Ontonagon, Michigan 49953

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Through a policy established by the Ontonagon County Cancer Association and approved by the Board of Directors, we allow **$1,500.00** per patient each fiscal year from September 1 through August 31. Yearly allotment will depend upon the amount of money raised and number of patients served. Financial aid is available to any cancer patient residing in Ontonagon County.

We reimburse any bills you pay which are **not** **covered by insurance or any other source**. For example:

* mileage for trips to your cancer treatment center
* any necessary overnight stays related to your cancer treatment
* meals (If you are unable to travel alone, we will reimburse meals for one companion.)
* dressings, devices

Total reimbursement cannot exceed the amount shown above. Occasionally, additional monies become available. Even if you exceed the allotted amount, please continue to send in claims.

Enclosed are the necessary forms for financial assistance as requested. Send to

Ontonagon County Cancer Association

**Service Chair (Please put on envelope)**

P.O. Box 282 Ontonagon MI 49953

**Sheet #1** is your official application form. Please fill out the top half. Your doctor needs to sign this form and give a diagnosis. Your local doctor may sign. Please return this sheet to the address below. This form needs to be filled out **yearly** and will remain in our confidential file.

**Sheet #2** is the reimbursement form which must be filled out by you. Return this to the Service chair, along with any receipt which is not covered by any insurance, agency or other source. (This includes company insurance, Medicare, Medicaid, welfare, VA, supplemental or gap insurance, benefits, etc.). Instructions for filling in this form are below.

* **Transportation:** Fill in dates, going and returning, name of treatment center/hospital, city, and miles driven roundtrip. Record each trip separately for mileage reimbursement.
* **Lodging:** Fill in date and name of hotel. Include the receipt with the claim.
* **Meals:** Send any receipts for your meals and a companion if it was necessary for someone to take you.
* **Other services:** After your insurance, social services, VA, etc., have made payments for your medical expenses, you will receive bills showing what amount, if any, you must pay. Enter this information by **date, item and cost.** Send these bills, along with the receipt showing your payment, with your claim form.

 We will process your claim and issue a check after all the necessary information is returned to us.

 A loan closet with commodes, wheelchairs, walkers, hospital beds, etc. is available free of charge (by availability). Please contact either (906) 884-3000 or (906) 390-2401.

Sincerely,

 OCCA Service Chair