



WMC Foundation Cancer Care Assistance Program

Life changes in many ways when you or a loved one is diagnosed with cancer. It is devastating enough to live with cancer, but the added expense of having to periodically travel out of the community, stay at a hotel, and make arrangements for children at home is stressful and exhausting for the cancer patient and their family.

WMC Foundation's Cancer Care assistance program is here to help you by providing financial grants to help cover expenses related to treatment outside of your home community. Eligible participants are those in Southeast Alaska communities with a population under 5,000 people.



WHAT IS THE PROCESS?

Applying for travel assistance from Cancer Care is easy. The Travel Assistance Application can be found online at www.wmccancercare.com.

Cancer Care Travel Assistance is a "reimbursement" program which means expenses are reimbursed to the traveler after the trip is complete.

1. Keep all of your receipts when you travel.
2. Fill out the Travel Assistance Application.
3. Apply no later than March 31 for the previous year's travel

Mail or email your receipts and the completed application to:

WMC Foundation
Cancer Care Program
PO Box 2175
Wrangell, AK 99929
wmccancerfoundation@gmail.com

A subcommittee of the WMC Foundation will be notified. They will convene to review the request for approval and will contact you within 1-2 weeks.

HOW MUCH ASSISTANCE IS AVAILABLE?

Cancer Care travel grants cover up to \$1200 each year for the patient's travel expenses related to tests or treatment for cancer. Examples of patient expenses could include airfare, lodging, rental car, gasoline, taxis, shuttle bus, ferry tickets, or other expenses (not including food) related to travel outside your community for treatment. If you have questions, contact the WMC Foundation email- wmccancerfoundation@gmail.com.



WHAT IS NOT REIMBURSED?

If your travel expenses were already covered by Medicaid, SEARHC or other payer source, it will not be reimbursed a second time. Expenses for traveling companions are not covered unless escorting a minor child diagnosed with cancer. Expenses (such as food) that are unrelated to travel for cancer care are not reimbursed.



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WMC Cancer Care
PO Box 2175
Wrangell, AK 99929
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TRAVEL ASSISTANCE APPLICATION

PATIENT INFORMATION (Please print)

NAME

PHONE NUMBER

ADDRESS

AGE

CITY

STATE

ZIP CODE

PHYSICIAN

DIAGNOSIS

INSURANCE/SEARHC/MEDICAID

I hereby authorize my physician to release my diagnosis to WMC Foundation, Cancer Care for the purpose of establishing eligibility for travel assistance. I understand this authorization is voluntary.

PATIENT SIGNATURE

DATE

ASSISTANCE MAY BE REQUESTED EVERY YEAR, UP TO A MAXIMUM OF \$1,200.00

Cancer Care Travel Assistance Program is a "reimbursement" program. **The patient must submit receipts to Cancer Care for their travel expenses incurred.** Examples of patient 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 (*food expenses are not covered*). Please also note any other (non-insurance) assistance you have received and the name of the agency the funds were received from. Patients mail or email receipts to Cancer Care at the address in the upper right hand corner of this form. Service area: Southeast Alaska communities with populations under 5,000.

ASSISTANCE REQUIRED: (office use only)

AIR/FERRY TRANSPORTATION: _____

HOTEL: _____

GROUND TRANSPORTATION: _____

TOTAL: _____

BENEFIT PAID: _____

BENEFIT YEAR: _____

DATE RECEIVED: _____

DATE REVIEWED: _____

APPROVED DENIED

Approval Signature #1

Approval Signature #2