

Prince of Wales Island
CANCER COALITION

P.O. BOX 490
Klawock, AK 99925
907-254-3391
907-617-5520
907-401-0376

Travel assistance may be requested annually.

Initial request/ award up to \$1500.00 maximum.

Receipts must accompany application.

CONFIDENTIAL

APPLICATION FOR ASSISTANCE

Name _____ Phone _____

Physical Address _____

Mailing Address _____

Physician Name _____

Physician Signature _____

Medical Clinic Address _____

Medical Clinic Phone Number _____

ASSISTANCE REQUESTED:

The Prince of Wales Island Cancer Coalition is available to assist POW residents with travel expenses for cancer care and treatment. We can assist with only those travel expenses, including transportation, meals, and lodging, that are not covered by insurance or paid for by other organizations. We reimburse for documented expenses only. Please include receipts with your application.

Amount requested: _____

I, _____, authorize my [medical provider/facility/office] to release information related to my insurance coverage; this information will solely be used to rule out any other payor source for my medical needs.

Patient Signature _____ Date _____

