Financial Assistance for Cancer Treatment
PO Box 624, Tiffin, OH 44883
Phone: 419.937.2540
Email: factsenecacounty@yahoo.com

Prescription Reimbursement Form

Name:_____
Address:_____
City, State, Zip:_____
Telephone:_____

#	Medication Name	Date Purchased	Out of Pocket Expense (after insurance has paid)	Pharmacist signature certifies RX is for cancer related health concerns
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	RECEIPTS ATTACHED	**Total=**	$	

Return completed and signed form to above address. Checks are generally written twice a month on no particular schedule. Your reimbursements may take up to 2-3 weeks based on when checks were last written.

Due to Board Policy, we cannot make reimbursement for any receipt that is 6 months or older.