



Woods Hole, Martha's Vineyard and Nantucket Steamship Authority

Mashpee Reservations Department

REDUCED MEDICAL RATE PROGRAM

Island residents who need to travel with their vehicles for frequent medical treatments or appointments on the mainland may also be eligible to travel on a special excursion fare (equal to fifty percent (50%) of the applicable automobile excursion rate, based on the time of the year and the size of the vehicle).

PROGRAM REQUIREMENTS:

- Only island residents who are already eligible for the automobile excursion rate and are profiled as such in the Authority's reservation system are eligible for this special excursion fare.
- Eligible island residents must have a series of at least five (5) scheduled medical appointments and any follow-up appointments within a twelve-month period for the same medical condition.
- Vehicle reservations at this special excursion fare must be requested and arranged through the reservation manager or a supervisor at the Mashpee Reservation Office, prior to medical appointment.
- Supporting documentation from a doctor or medical office must be provided at the time of the request for this special excursion fare.
- The Reservation Manager and Supervisors are allowed, at their discretion, to make other special travel arrangements upon request for those island residents requiring frequent treatments or appointments on the mainland for the same medical condition.
- Submit and complete 'Reduced Medical Rate Application' accompanied by all required documentation.

BOOKING RESERVATIONS:

Reservations at this medical rate must be booked through the Reservation Manager (508)548-5011 ext. 204, or Supervisors at (508)548-5011 ext. 155, 180, or 229 or 273.

Reservations for this program can NOT be booked via our online reservation booking system.

509 Falmouth Road, Suite 1C • Mashpee, Ma 02649

Telephone: 508-477-8600 • Fax: 508-457-4518 • Email: supervisors@steamshipauthority.com

For more information go to www.steamshipauthority.com



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REDUCED MEDICAL RATE APPLICATION

SECTION 1 (To be filled out by applicant)

_____ I certify that I am an island resident who has already been profiled as eligible for the auto excursion rate in the Authority's reservation system.

_____ I have a series of at least 5 scheduled medical treatments or appointments over a 12 month period for the same medical condition, and have attached documentation from the doctor or medical office providing me with this treatment with this form.

Applicant's name: _____ SSA Profile #: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

*Applicant's signature: _____ Date: _____

SECTION 2 (to be filled out by Medical Doctor)

Dr. Name: _____ License: _____

*Signature: _____ Date: _____

_____ I certify that I am treating the above named applicant, and have provided them the required printout of at least 5 scheduled medical treatments or appointments over a 12 month period for the same medical condition. Or a letter with a specific end date of treatment that will require 5 or more visits off island.

***By signing above you attest that all information provided is true and accurate to the best of your knowledge. I understand that a false statement may disqualify applicant for this program.**

PLEASE NOTE THAT FAILURE TO PROVIDE A COMPLETED FORM OR THE REQUIRED DOCUMENTATION, MAY RESULT IN A DELAY OR DENIAL OF YOUR APPLICATION.

Send completed application **with documentation** to the contact information provided below:

ATTN: Angela Campbell, Reservations & Customer Relations Manager

Email: acampbell@steamshipauthority.com

or Fax: (508) 457-4518

or Postal Mail: 509 Falmouth Road, Suite 1C

Mashpee, Ma 02649