



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 qualified and active in the SSA Excursion Program are eligible for this special excursion fare. Preferred Program members are ineligible for the discounted rate.
- To qualify, eligible island residents must submit supporting medical documentation of, either a printout of appointments **or** a letter from the off-island doctor office or medical facility confirming your appointment to go off the island for the same medical condition.

All documentation must include the following: Name of the person being treated, Name of the off-island doctor office or medical facility and location. Handwritten notations are not valid.

- Printout of Appointments: A printout of at least five (5) upcoming scheduled medical appointments off island within the next twelve-month period for the same medical condition from your off-island doctor's office or medical facility.

-OR-

- Letter from Provider: A signed and dated letter on the doctor office or medical facility letterhead. Stating that the applicant will be seen in their off-island office/facility at least five (5) times in the next twelve-month period for the same medical condition.
- Once approved the rate will be valid through the final listed medical appointment on the submitted documentation, but not longer than one (1) year. Any conditions or needs that exceed one year will have to resubmit yearly. No exceptions.
- 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. Medical reservations cannot be made online or at the terminal.
- The Reservation Manager and Supervisors are allowed at their discretion, to make other special travel arrangements upon request for those qualified excursion island residents. That may require frequent treatments or appointments on the mainland for the same medical condition but have extenuating circumstances.
- Submit and complete 'Reduced Medical Rate Application' accompanied by all required documentation.
Failure to provide complete documents will result in delay or denial into the program.

Booking Reservations:

- ❖ ALL reservation requests will require confirmation of each appointment.
- ❖ We will do our best to book you travel at your requested times. We cannot guarantee specific travel times. We will make sure that you travel off the island in time for your appointment and with a return that aligns with your medical needs.
- ❖ Reservations must be made with a Reservation Supervisor or Manager.
*Medical Reservations **cannot** be made online or at the terminal.*

Office Hours; 7 days a week 7:30am to 4pm

Email: supervisors@steamshipauthority.com (**ALL** attachment must be in PDF form. No exceptions)

Fax: 508-477-8717

Phone: 508-548-5011, Supervisor's Desk extentions 273,155, 250 or 229

This program does not grant priority boarding or priority standby.

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

Telephone: 508-477-8600 • Fax: 508-477-8717 • Email: supervisors@steamshipauthority.com

For more information go to www.steamshipauthority.com



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REDUCED MEDICAL RATE APPLICATION

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

SECTION 1 (To be filled out by applicant)

Applicant's Name: _____ SSA Account #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

*Applicant's signature: _____ Date: _____

I certify that I am valid member and current in the SSA Excursion Program and have submitted the required medical documentation essential of this program, along with this completed form. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement may disqualify applicant for this program.

SECTION 2 (to be filled out by Medical Doctor)

Off-Island Medical Facility or Office: _____

Doctor's Name: _____ License: _____

*Doctor's Signature: _____ Date: _____

I certify that I am treating the above-named applicant and have provided them the required medical documentation essential of this program, as noted below. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement may disqualify applicant for this program.

Printout of Appointments: A printout of a series of at least five (5) upcoming scheduled medical appointments off island, within the next twelve-month period for the same medical condition from your off-island doctor's office or medical facility.

-OR-

Letter from Provider: A signed and dated letter on the doctor office or medical facility letterhead. Stating that the applicant will be seen in their off-island office/facility at least five (5) times in the next twelve-month period for the same medical condition.

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

SSA Medical Program

OR supervisors@steamshipauthority.com

509 Falmouth Road, Suite 1C

➤ **ALL** files are to be attachments in PDF form

Mashpee, MA 02649

➤ **NO** photos, embedded images, or other file formats accepted

Fax: (508) 477-8717

➤ Failure to send in documentation as attached PDF will result in applications not processed.