



Appointment verification form

We are asking you to fill out this form because we need more information to complete your request.

Requirements:

- ▶ Try to call for your trip at least **two business days** before your appointment.
- ▶ We must get this form within 45 days after your appointment.
- ▶ You must include all required receipts.
- ▶ We will send your money within 14 days of your appointment after we get your completed form and any required receipts.
- ▶ We may take another 14 days if your request is incomplete.

Please fill out the member information below

Member name: _____

Health Share Member ID number: _____

Check the reimbursement boxes that apply to your travel.

Telehealth appointments do not qualify for reimbursement.

Mileage reimbursement

Lodging reimbursement. Eligible for lodging if:

- Travel starts before 5 a.m. or ends after 9 p.m.
- Your health care provider says you have a medical need

Receipts required.

Meal reimbursement. Eligible for meals if:

- Travel time is four or more hours round trip
- Travel starts before 6 a.m., spans the entire lunch period of 11:30 a.m. to 1:30 p.m., or ends after 6:30 p.m.

Receipts are not required.

Members: Mail filled-out forms and receipts to: P.O. Box 301339, Portland, OR 97294

Health care providers: Include a cover sheet with clinic contact details and fax the forms to 503-296-2681

Need more copies of this form? Go to ridetocare.com/members

Thank you!

Request No. 1

Appointment date and start time:

Provider name:

Provider address:

Provider staff signature:

Appointment end time:

Request No. 2

Appointment date and start time:

Provider name:

Provider address:

Provider staff signature:

Appointment end time:

Request No. 3

Appointment date and start time:

Provider name:

Provider address:

Provider staff signature:

Appointment end time:

You can get this document in other languages, large print, braille or a format you prefer. You also have the right to an interpreter. You can get help from a certified or qualified health care interpreter. This help is free. Call 800-224-4840, TTY 711, or tell your provider. We accept relay calls.