Customer Reimbursement Form

PENQUIS
Helping Today • Building Tomorrow

THE LYNX

P.O. Box 1162, Bangor, ME 04402-1162
973-3695 or 1-866-853-5969
www.penquis.org

The person named below was seen by the DR/Provider named below
on _____/_____/_____

_____
(Initials/signature)

All appointments must be confirmed

Customers MAY NOT write in this box

THE ONLY ITEMS ON THIS SHEET WHICH CAN BE COPIED ARE LINES A., B., C., D., E., F., G., H., And I.

DATE OF APPOINTMENT: _____

A. Name of Customer with Appointment: _____

B. Physical Address of the Customer: _____

C. Telephone Number of the Customer: _____

D. Name of Doctor or Provider**:** _____

E. Complete Address of Provider: _____

Beginning Mileage (1): _____ Ending Mileage (2): _____

Trip ID# _____

Return Trip Home

Beginning Mileage (3): _____ Ending Mileage (4): _____

Trip ID# _____

Note: A trip to and from a medical provider, doctor, or other covered appointment requires **FOUR** mileage readings.

1. Write mileage reading when you leave customer's home.
2. Write mileage reading when dropping customer at the medical facility.
3. Write mileage reading when leaving the medical facility.
4. Write mileage reading when dropping the customer at home.

Name and Address of Person to be Reimbursed:

F. _____
First, MIDDLE **INITIAL** and Last Name

Reimbursement ID _____

G. _____
Street or PO Box

___ CHECK HERE IF THIS IS A NEW NAME/ADDRESS

H. _____
City, State and Zip

I. _____
Telephone Number

Turning in more than 1 reimbursement sheet per car is fraud. We investigate and report suspected fraud.

Note: *For reimbursement, all appointments must be called in before attending them.*
My signature indicates that the above appointment was kept and the Medical facility validated this appointment. _____

Customer, Parent, or Caretaker's Signature