

Penquis Transportation Brokerage  
Customer Reimbursement Form

**R4**

P.O. Box 1162, Bangor, ME 04402-1162  
1-844-736-7847  
[www.penquis.org](http://www.penquis.org)

The person named below was seen by the  
DR/ provider named below  
on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
(initials/signature)

*All appointments must be dated and signed by provider*

**By submitting this request, I attest that the information below is true and accurate.  
MaineCare will only reimburse 1 person per car. Turning in more than 1 reimbursement form per car is fraud.  
We report all suspected fraud to MaineCare.**

DATE OF TRIP: \_\_\_\_\_

Name of Customer with appointment: \_\_\_\_\_

**Home Address of the Customer:** \_\_\_\_\_

**Phone number of the Customer:** \_\_\_\_\_

Name of Doctor or Provider: \_\_\_\_\_

Complete address of Provider: \_\_\_\_\_

Starting mileage (1): \_\_\_\_\_ Ending mileage (2): \_\_\_\_\_

Trip ID# \_\_\_\_\_

Return Trip Home

Starting mileage (3): \_\_\_\_\_ Ending mileage (4): \_\_\_\_\_

Trip ID# \_\_\_\_\_

Note: A trip to and from a provider, facility, doctor, or other covered trips needs **FOUR** mileage readings.

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

**Name and Address of Person to be Reimbursed:**

**Reimburse ID:** \_\_\_\_\_

\_\_\_\_\_  
First, MIDDLE INITIAL and Last Name

CHECK HERE IF THIS IS A NEW NAME/ADDRESS \_\_\_\_\_

To access reimbursement forms on the web: **go to**  
**www.penquis.org** -- click "**brokerage**" —click  
"**Transportation Brokerage**" click "**print form**".

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone Number

Date Received: \_\_\_\_\_

Date Billed: \_\_\_\_\_