

Mail this form to: **Penquis Transportation Brokerage**  
262 Harlow Street  
PO Box 1162  
Bangor, ME 04402-1162  
1-844-736-7847

**Release of Information      Region 4**  
**Sign and return within 10 days of receiving this form**

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**Permission to get records**

I, \_\_\_\_\_ give permission for Penquis to speak with medical and or other providers to confirm MaineCare covered appointments. Penquis will help me make new appointments, if need be.

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**I understand that:**

- I can cancel this release at any time.
- This information is needed to provide rides or pay mileage for my/our MaineCare covered services.
- Penquis will not provide services without this information.
- This form is only good for 1 year from the date I sign it.
- I have received the information/educational papers needed to get transportation help.
- No other transportation is available to me and my family. I will let Penquis know if my/our situation changes.
- We are now receiving MaineCare services. We will let Penquis know if our MaineCare is cancelled.
- I understand that Penquis has the duty to arrange the least costly means of transportation that is suited to each persons need.
- This data is true, and complete. Payment of this claim will be from Federal or State funds and that any lie or false data of a material fact may be subject to legal action under Federal and State laws.

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**Release of Information Continued**

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**If you need help filling out this form, please call Penquis and a staff person will help.**

**List names and MaineCare number and date of birth (DOB) of all the family in your home who need or will need help with transportation.**

Name	MaineCare Number and DOB	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signature Member/Guardian 1:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name Member/Guardian 1:** \_\_\_\_\_

**Contact Phone number 1:** (\_\_\_\_) \_\_\_\_\_

**Signature Member/Guardian 2:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name Member/Guardian 2:** \_\_\_\_\_

**Contact Phone number 2:** (\_\_\_\_) \_\_\_\_\_

FOR INTERNAL USE:

\_\_\_\_\_  
DATE RECEIVED BY PENQUIS

\_\_\_\_\_  
PENQUIS STAFF MEMBER