Mail this form to: Penquis Transportation Brokerage
262 Harlow Street
PO Box 1162
Bangor, ME 04402-1162
1-855-437-5883

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

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.

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.
Release of Information Continued

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.

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<tr>
<th>Name</th>
<th>MaineCare Number and DOB</th>
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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