

Mail To:

Penquis Transportation Brokerage PO Box 1162, Bangor, ME 04402 Phone: 1-855-437-5883 or 974-2420

		Middle Initial:					
Physical Address:			City:		Phone:		_
I went to the ap	pointments below	and the staff at the medical office signed below. Cus	tomer Signa	nture:			
Driver First Nam	e:	Middle Initial:	Last Na	ame:			
Driver Mailing A	ddress:	☐ Check box if you are a new driver		_City	State Zip (Code	
Driver Phone #:_		☐ Check box if you are a new driver	□ Check b	ox if driver inf	ormation has changed		
		certify by turning in this form that I				vehicle use	ed for the
	·	pection sticker from the State of Maine. The vehicle i	_				
		Driver's License					
I understand that Penquis will only reimburse 1 person per car. Turning in more than 1 for TRIP DATE TRIP ID# MEDICAL PROVIDER					Traud and will be reporte L PROVIDER SIGNATI		TOTAL MILES
TRIP DATE	INIT ID#			IVIEDICA	L PROVIDER SIGNATI	UNE I	OTAL MILES
		Name:					
		Address:					
		Name:					
		Address:					
		Name:					
		Address:					
		Name:					
		Address:					
		Name:					
		Address:					
		Name:					
		Address:					
		Name:					
		Address:					
		ned by a medical provider for reimbursement to be ap e mileage reimbursement is only for when the custom					
		t will be denied. Reimbursement trip logs may be e				ialei liiaii 3	o days past tile
		OFFICE USE DO NOT WRITI	E BELOW T	HIS LINE			
Received Date: Total mileage to be paid: Total amount for this invoice: Bill Date:							

<u>PENQUIS</u>

PLEASE READ CHANGE IN REIMBURSEMENT FORMS STARTING FEBRUARY 1, 2019 YOU MUST USE NEW FORMS

PENQUIS TRANSPORTATION BROKERAGE CUSTOMER MILEAGE REIMBURSEMENT TRIP LOG INSTRUCTION SHEET

All logs must be filled out completely and submitted within 30 days of the first appointment date listed on your reimbursement trip log. You must call us before you go to your appointment; if you have an emergency appointment you must call us when you get home.

PHOTOCOPIES OF THE MEDICAL PROVIDER, CUSTOMER & DRIVER SIGNATURES WILL NOT BE ACCEPTED.

Please fill out all of the following information on **every** log, if the log is not filled out completely we will send it back to you for you to fill out:

Customer Information- Customer's full name physical address, phone number and customer signature.

Driver Information- Please print driver's full name, mailing address (where the check is to be mailed) & phone number. Driver name must be printed in "I, ______certify" line. Driver signature, driver's license number and expiration date (month/day/year).

Trip Date- This date **must** match the date that the Trip ID was issued for or the log will be sent back to you to correct and return for payment. You may enter up to 7 trips per log.

Trip ID #'s – These numbers are given to you when you call your appointment in to our office. If you have set up an ongoing appointment with us, please write the word "Ongoing" here.

Name and Address of Medical Provider – this is the name and address of the Medical Provider where you were seen.

Total Miles – When your appointment is booked, you will be given the total miles that you will be paid each way. The miles going to your appointment and the miles returning back home. Enter the miles here; you are no longer required to enter odometers.

Please check your deadline schedule for log deadlines. Logs may be turned in any day of the week however; all logs must be turned in no later than 9:00 am on every deadline date. Deadline dates change but the deadline times do not change. If you do not have a deadline schedule, please contact us and we will mail you one.

Helping Today • Building Tomorrow