

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.**



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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.

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