



Friend and Family Reimbursement Submission Policy

All Friend and Family Reimbursement Forms must be submitted within **30 days** of the appointment date. Reimbursement forms that are submitted after 30 days will not be processed and will be returned to you.

Example: Jane Doe had an appointment on June 6; her forms must be received in our office no later than July 6.

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Required Reimbursement Deadlines

- Penquis will pay volunteer drivers, members and family and friend reimbursement 100% of clean claims within 15 days of receipt.
 - o A clean claim does not have any defect, impropriety, lack of substantiating documentation or circumstance requiring special treatment that prevents timely payment. This does not include a claim from a transporter who is under investigation from fraud or abuse, or a claim under review for medical necessity.
- Penquis will pay providers 90% of claims within 30 days of receipt and 99% within 90 days of receipt.
- Payment timeliness is measured from the received date, which is the date the claim is received in the Penquis Transportation office.
- The paid date is the date a payment check or electronic funds transfer is issued to the transporter.
- The denied date is the date at which Penquis determines the submitted claim is not eligible for payment.
- Payments for volunteers, members, friends and family may be paid in advance of delivery of service when approved by the Project Director, and shall be paid no later than fifteen (15) days from receipt of an undisputed claim for payment.

The Assistant Project Director will make the final determination on a claim denial. The Assistant Project Director will notify the transporter in writing that the claim has been denied with the reason for the denial. They will also be notified at that time of their right to appeal the decision.

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PENQUIS

P.O. BOX 1162 BANGOR,
ME 04402-1162

Check here if requesting
banking information change

Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize **Penquis C.A.P., Inc. / Subsidiaries** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Penquis C.A.P., Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Penquis C.A.P., Inc. / Subsidiaries** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Penquis C.A.P., Inc. / Subsidiaries** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable department.

INDIVIDUAL TO BE REIMBURSED INFORMATION

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____

ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____
Checking Savings

INDIVIDUAL TO BE REIMBURSED SIGNATURE: _____ DATE: _____

**ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT DEPOSIT.
ATTACH VERIFICATION FROM BANK FOR SAVINGS ACCOUNT DEPOSIT.**

FOR OFFICE USE ONLY

REQUESTED BY: **BROKERAGE**

DATE ENTERED: _____ DATE EFFECTIVE: _____

INPUT BY: _____ VERIFIED BY: _____

MSF

PCAP

PHP

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2026 Gas Reimbursement Schedule

*Forms due to Penquis	Payment is sent to you
Tuesday , December 23, 2025	Friday, January 02, 2026
Thursday , January 08, 2026	Friday, January 16, 2026
Thursday , January 22, 2026	Friday, January 30, 2026
Friday, February 06, 2026	Friday, February 13, 2026
Thursday , February 19, 2026	Friday, February 27, 2026
Friday, March 06, 2026	Friday, March 13, 2026
Friday, March 20, 2026	Friday, March 27, 2026
Friday, April 03, 2026	Friday, April 10, 2026
Friday, April 17, 2026	Friday, April 24, 2026
Friday, May 01, 2026	Friday, May 08, 2026
Friday, May 15, 2026	Friday, May 22, 2026
Thursday , May 28, 2026	Friday, June 05, 2026
Thursday , June 11, 2026	Friday, June 19, 2026
Thursday , June 25, 2026	Friday, July 03, 2026
Thursday , July 09, 2026	Friday, July 17, 2026
Friday, July 24, 2026	Friday, July 31, 2026
Friday, August 07, 2026	Friday, August 14, 2026
Friday, August 21, 2026	Friday, August 28, 2026
Thursday , September 03, 2026	Friday, September 11, 2026
Friday, September 18, 2026	Friday, September 25, 2026
Friday, October 02, 2026	Friday, October 09, 2026
Thursday , October 15, 2026	Friday, October 23, 2026
Friday, October 30, 2026	Friday, November 06, 2026
Tuesday , November 10, 2025	Friday, November 20, 2026
Tuesday , November 24, 2026	Friday, December 04, 2026
Friday, December 11, 2026	Friday, December 18, 2026
Tuesday , December 22, 2026	Friday, January 01, 2027

***All forms must be submitted by 9:00 AM**

on the date listed in the first column.

Reimbursement forms may be submitted

via email at the following email:

transportationfiscal@penquis.org