

# PENQUIS

Helping Today • Building Tomorrow

## Important things to know about your services

We care about our customer, and we understand our services may be confusing to someone just coming to the program. We have included in this packet the forms that need to be signed and returned and a description of services. Please take a few moments to carefully read the enclosed materials.

1. For Regular service the Call Center is staffed Monday through Friday between 8 a.m. and 5 p.m. Urgent/same day care after hours can be obtained by calling the same number –your call will be answered. Call Penquis Transportation Services at: 1-844-736-7847
2. We require two full business days to reserve a ride, please plan ahead when arranging for transportation. For urgent trips with no immediate threat to life or limb but member must be seen on the day of request may call the broker. The broker will work with the member to arrange the transportation as needed for that day.
3. Unauthorized passengers will not be transported. If you need an escort, please arrange for it when you schedule your ride.
4. To cancel a ride, please provide as much notice as possible.
  - a. Penobscot & Piscataquis residents, call 1-855-437-5883; Option 2
  - b. Kennebec & Somerset residents, call 1-844-736-7847; Option 2 then Option 3
5. Timeliness: **Please be ready early and watch for your ride.** If you would like to find out around what time your ride will arrive, you can call the business afternoon prior or on the day of your appointment to find out who your driver is. **Remember to take all of your personal belongings from the vehicle.**
6. Occasionally we may send a taxi to pick you up. If you are expecting a ride and a taxi arrives near your appointment time, it may be for you – ask them. You will need to sign a voucher. We will not pay for taxis that we have not authorized. **Remember to take all of your personal belongings from the vehicle.**
7. The following behaviors in agency and volunteer vehicles are unacceptable.
  - a. Cursing, yelling, obscene gestures or swearing at any time.
  - b. Pushing, shoving or hitting of anyone.
  - c. Unbuckling your seat while vehicle is in motion.
  - d. Consuming food or drink while in the vehicle.
8. Bad weather/emergency events.  
On stormy days, watch local television or listen to your local radio station for cancellation announcements in you area.
9. Repeated no shows make it difficult for us to schedule rides for you.



## Transportation Brokerage

Customers who provide their own transportation through *Family or Friends Reimbursement* will receive **\$0.45 cents per mile**, based upon the most direct route from the customer's home to the medical provider and return. If you have been providing your own transportation through this method, you will be expected to continue, except in case of evident hardship or significant changes in circumstances. Reduction in reimbursement does not constitute evident hardship. You will not receive reimbursement until the following conditions are met:

- A. We must have notification of appointment prior to the actual visit. Bonafide emergency visits may be called in immediately upon your return.
- B. Mileage reimbursement forms must be completed.
- C. Medical provider must verify your visit, please ask them to sign and date. **Incomplete forms will be returned to you for completion.**

Customers who reside in Bangor, Brewer, Hampden, Old Town, Orono, and Veazie; and live within 3/4 mile of fixed route system (The Community Connector) and are able to board the bus will be required to use the fixed route system for all medical appointments, if the fixed route has a stop within 3/4 mile of the medical provider. This will be determined at the time you schedule your appointment with Penquis Transportation Brokerage. You will be eligible for a bus pass/bus tickets if you meet the following criteria:

- A. We must have prior notification of a minimum of 10 scheduled medical appointments within the current month for the bus pass. If you have less than 10 appointments but have a following appointment scheduled you will be able to receive tickets: 2 appointments= 6 tickets, 3 appointments= 10 tickets, 4 appointments = 12 tickets, 5 appointments= 16 tickets, and 6 appointments= 20 tickets
- B. You must submit a signed verification sheet from your medical providers for prior month's appointments before receiving next month's bus pass.
- C. We will provide your bus pass/bus tickets and appointment verification sheet each month.
- D. Your bus pass allows you one month's access to the Community Connector for all other transportation needs such as shopping and recreation.
- E. If you have additional MaineCare covered appointments that are beyond 3/4 mile of the bus stops, notify us. We will provide rides to those appointments.

The Penquis Transportation Brokerage does provide transportation for services not covered by MaineCare, upon referral from the Department of Health and Human Services caseworkers for their clients in protective and sub-care. Penquis Transportation Brokerage also provides access to public transportation for most individuals outside of the urban area.

# LANGUAGE IDENTIFICATION

English Translation: Point to your language. An Interpreter will be called.

|  |                  |
|--|------------------|
| <b>Unë flas Shqip</b>                  | Albanian         |
| <b>አማርኛ፡ እኛላለሁ።</b>                    | Amharic          |
| <b>أنا أتكلم اللغة العربية</b>         | Arabic           |
| <b>Ես Հայերէն կը խօսիմ</b>             | Armenian         |
| <b>Мән азәрбајан дилиндә данышырам</b> | Azeri            |
| <b>আমি বাংলা ভাষায় কথা বলি</b>        | Bengali          |
| <b>Govorim bosanski/hrvatski</b>       | Bosnian/Croatian |
| <b>Аз говоря български</b>             | Bulgarian        |
| <b>ကျွန်ုပ် မြန်မာလိုတတ်ပါသည်။</b>     | Burmese          |
| <b>我說粵語</b>                            | Cantonese        |
| <b>Mluvím česky</b>                    | Czech            |
| <b>I speak English</b>                 | English          |
| <b>Ma räägin Eesti keelt</b>           | Estonian         |
| <b>من فارسی حرف میزنم</b>              | Farsi            |
| <b>Je parle français</b>               | French           |
| <b>მე ვლაპარაკობ ქართულად</b>          | Georgian         |
| <b>Ich spreche Deutsch</b>             | German           |
| <b>હું ગુજરાતી બોલું છું.</b>          | Gujerati         |
| <b>Na yia Hausa</b>                    | Hausa            |
| <b>אני דובר עברית</b>                  | Hebrew           |
| <b>मैं हिन्दी बोलता हूँ</b>            | Hindi            |
| <b>Beszélek Magyarul</b>               | Hungarian        |
| <b>Anam asu igbo</b>                   | Ibo              |
| <b>Saya bicara bahasa Indonesia</b>    | Indonesian       |
| <b>Мен казахша билемин</b>             | Kazakh           |
| <b>Nvuga ikinyarwanda</b>              | Kinyarwanda      |
| <b>나는 한국말을 합니다</b>                     | Korean           |
| <b>من به کوردی قسه شه که م</b>         | Kurdish          |
| <b>Es runāju latviski</b>              | Latvian          |
| <b>Na lobaka Lingala</b>               | Lingala          |
| <b>Aš kalbu lietuviškai</b>            | Lithuanian       |

|  |            |
|--|------------|
| <b>Jas zboruvam makedonski</b>           | Macedonian |
| <b>Saya bicara bahasa Malay</b>          | Malay      |
| <b>我说汉语</b>                              | Mandarin   |
| <b>मी मराठी बोलतो</b>                    | Marathi    |
| <b>Би Монгол хэлээр ярьдаг</b>           | Mongolian  |
| <b>म नेपाली बोल्छु</b>                   | Nepali     |
| <b>Mówię po polsku</b>                   | Polish     |
| <b>Falo Portugues</b>                    | Portuguese |
| <b>ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ</b>              | Punjabi    |
| <b>زه پښتو خبرې کولای شم</b>             | Pushto     |
| <b>Vorbesc limba română</b>              | Romanian   |
| <b>Я говорю по-русски</b>                | Russian    |
| <b>Ja говорим српски.</b>                | Serbian    |
| <b>Ndino taura Shona</b>                 | Shona      |
| <b>මම සිංහල භාෂාව කතාකරමි</b>            | Sinhalese  |
| <b>Rozprávam po slovensky</b>            | Slovak     |
| <b>Waxan ku hadlaa af Soomaali</b>       | Somali     |
| <b>Hablo español</b>                     | Spanish    |
| <b>Ninasema Kiswahili</b>                | Swahili    |
| <b>Marunong ako magsalita ng Tagalog</b> | Tagalog    |
| <b>நான் பேசும் மொழி தமிழ்</b>            | Tamil      |
| <b>ผมพูดไทย</b>                          | Thai       |
| <b>నేను తెలుగు మాట్లాడతాను</b>           | Telugu     |
| <b>ኛግርኛ እነረብ እየ።</b>                     | Tigrignia  |
| <b>Türkçe konuşuyorum</b>                | Turkish    |
| <b>Meka Twi</b>                          | Twi        |
| <b>Я розмовляю по-українськи</b>         | Ukrainian  |
| <b>میں اردو بول سکتا ہوں</b>             | Urdu       |
| <b>Мен ўзбекча гапираман</b>             | Uzbek      |
| <b>Chúng tôi nói tiếng Việt</b>          | Vietnamese |
| <b>me le so yoruba</b>                   | Yoruba     |

**CERTIFIED LANGUAGES INTERNATIONAL (1-800-225-5254)**

Translation services provided at no cost to customer.

PAGE LEFT BLANK ON PURPOSE



## **Penquis Brokerage - Member No-Show Policy**

*Rev: 01/13/22*

This policy revision should be shared broadly in the community. Copies should be distributed to transportation providers, facilities that provide care, through case management organizations and on the agency website.

### **Penquis Brokerage No-Show Policy**

In order to retain the integrity of the transportation network and to encourage appropriate use of public resources, Penquis Brokerage is instituting this policy governing no-shows for MaineCare transportation.

#### **Definition of No Show:**

A trip is tagged as a no-show when a driver arrives at the pre-determined place and time and nobody presents themselves are ready for transport within 10 minutes from the time the driver arrives at the designated pick-up location.

Note: No-shows should be reported to Dispatch by the assigned driver at the time of pickup. A dispatcher will then attempt to contact the member or their representative to confirm the no-show.

#### **First No show:**

Staff of the brokerage will contact the member by phone to determine the cause of the No-Show and to discuss the policies surrounding no-shows and failing to provide due notice when cancelling a trip. The Broker will also follow through with a letter to the member. All attempts to contact the member will be documented.

#### **Second No Show:**

If a second no show occurs within 60 days of the first, the member will receive a phone call from the Broker and a letter will be sent documenting the occurrence and reminding the member that if one additional no-show is accrued within 90 days of the first, the member will not be eligible for NET provided rides and rather will be restricted to reimbursement for travel. The second occurrence is tracked in the members data file along with the date and nature of contact made to inform the member of the rules regarding no shows.

#### **Third No show:**

If a third no show occurs within 90 days of the first occurrence, the member will receive a phone call from the Broker and a letter will be sent informing them that rides will no longer be provided and that benefits will continue to be available in the form of reimbursed travel expense under the Friend and Family program offered by the broker. The members file will then be marked to state that the member is ineligible for rides except under certain urgent circumstances.

**Appeals:**

Should a member feel their benefits have been adversely impacted due to no fault of their own or that an error has been made in determining the pattern of no shows, the member shall be permitted an appeal of the decision to discontinue the provision of rides. The appeal must be requested in writing and will be responded to within 30 days of receipt. Members and/or their representatives will be invited to participate in a hearing to determine if the process was fair and all relevant facts were considered. Appeals will be heard by the Penquis Brokerage Department Director unless a conflict of interest is identified in which case the appeal will be heard by the Penquis Chief Operating Officer.

In the event that the internal appeals process fails to satisfy the members concerns around their benefits, they are entitled to appeal to the Department of Health and Human Services.

**NOTE: The prohibition on receiving rides as a consequence of this policy shall last for 90 days from the date of the no show that brought about the restriction.**



## Letter of Medical Necessity (LMN) and Letter of Continuing Care (LCC):

For Transportation Services to be covered, Mainecare requires that they member be seen by the nearest provider. Without a letter of medical necessity, Mainecare will only cover the mileage as far as the nearest provider.

If the member cannot be treated by the closest provider, we need a Letter of Medical Necessity to state why it is medically necessary for the member to attend that office. This letter should come from the referring physician.

The Letter of Medical Necessity (LMN) must have:

1. The medical reason stating why the member needs to go further instead of closer to the home.
2. Must have member's name, DOB and address.
3. Needs to be on the Letter Head of the facility that is sending it.
  - a. This should be from the referring physician.
4. Must have the name and address of the provider/facility to which the member is being referred.
5. We may be able to do a one-time trip without an LMN upon checking with a supervisor, after the one-time we need the LMN in order to schedule anymore appointments to the provider/facility.
6. The LMN is good for a year from the date we receive it, unless they are date specific.
  - a. We do not recommend them being date specific in there is any type of follow up.
  - b. An LCC will be required after the year is expired on an LMN. These *do not* expire.
7. Once the LMN is requested, it is up to the member to call in to verify if the LMN was received and approved. Member must call to schedule the appointments.
  - a. We do not schedule appointments off the LMN.

PAGE LEFT BLANK ON PURPOSE

## Complaints, Grievances and Appeals Procedures

### Complaints/Resolutions

A complaint can be verbal or written and is defined as an expression of dissatisfaction with NET services. A complaint can originate from a member, service provider, caseworker, the MeDHHS or other sources. Customer Service Representatives (CSR) will be responsible for answering the dedicated complaint line and drafting written responses to all complaints, which will be reviewed, signed and approved by the Project Director.

### Penquis' procedures for responding to complaints are as follows:

1. Customer Service Representative receives the complaint.
2. The nature of the complaint including complainant's name; member name (if related to the complaint); date of complaint; date of transportation (if related to the complaint); the complaint details; and the name of the person and/or entity that is the object of the complaint (staff person; NET Agency Provider, taxi, volunteer, dispatcher, supervisor, etc.) is entered into the ADEPT Complaint Reporting Application.
3. The Customer Service Representative begins an investigation and determines how the complaint can be remedied.
4. Penquis responds to verbal complaints within one (1) business day and provides a written response to all complaints within five (5) business days.
5. After the Customer Service Representative (CSR) has completed an investigation of the allegations that comprise the complaint, a manager will review the letter and the CSR will notify the complainant in writing of the proposed resolution. If the complaint has been verified and a satisfactory resolution identified prior to mailing the written response, this written response can serve as both an acknowledgment of a complaint and satisfactory resolution and can serve as the final written notification of resolution.
6. Penquis submits to the MeDHHS a log and summary report of member complaints received the previous calendar month. The log separates the complaints by their nature (timeliness, courtesy, etc.) and contains a cumulative total. Penquis routinely reviews each monthly report to identify any observable trends, develop corrective action plans, and document actions taken or anticipated to be taken to resolve the root causes of any observed trends.

### Grievance and Appeals: Notification of Member Rights

Penquis will notify MaineCare and CHIP members of their right to appeal to the MeDHHS actions taken by Penquis and NET Providers as described in 42 C.F.R. § 431.200 *et seq.* and the MaineCare Benefits Manual Chapter I Section 1.22. This notification of member rights will be included in the New Member Orientation Information Packet. Whenever there is a denial of

service or when some other adverse action is taken that affects the member's transportation, Penquis will notify the member in writing, within five (5) business days, of their right to appeal or grieve the decision. This notification will include the right to appeal for a fair hearing from the State. Penquis will offer the Penquis internal appeals process as a first step into the grievance and appeals process.

### **Penquis Internal Appeals Process**

The Penquis internal appeals process attempts to resolve an issue to a member's satisfaction within five (5) business days. The use of this process is included in issuance of denial letters.

- A Member contacts the Call Center Manager indicating they would like to resolve the issue through the Penquis internal appeals process.
- The member details the nature of the issue.
- The Call Center Manager creates an electronic file on the member's internal appeal. The file includes the following data: the date the call was received by Penquis; the member's name and ID number; the stated nature of the issue; the information gathered to support decision; and the resolution.
- The Call Center Manager proceeds to gather information as it relates to the member's issue.
- The Project Director determines if the reason for the appeal is valid and notifies the Member of his/her decision within five (5) business days.
- The member indicates whether s/he agrees or disagrees with the decision.
- If the Member accepts the decision, it is recorded in the file. If the member disagrees with the decision and wishes to contest the decision, Penquis records that information in the file and assists the member in requesting a fair hearing from the State. Penquis prepares and submits an appeal summary to the Office of Administrative Hearings, the OMS Contract Monitor, and to the member involved in the appeal in accordance with required times frames.

### **Administrative Hearings with the Department of Health and Human Services**

The Penquis internal appeals process is designed to resolve issues to members' satisfaction within five (5) working days. If a member states they want to contest the decision, Penquis assists the member in requesting a fair hearing from the State within the required timeframes. Should a member request an appeal hearing with the MeDHHS, Penquis will attend and defend its decisions at all MeDHHS appeal hearings, whether in person or by telephone, as deemed necessary by the MeDHHS Office of Administrative Hearings. Penquis will bear all travel, telephone, and related expenses incurred in appeal activities.

Penquis will accept the MeDHHS' final decision-making authority regarding the disposition of any member grievance or appeal. Penquis will accept such decisions as binding and will not appeal them.

Penquis will provide OMS with monthly reports indicating the number of appeal requests received, the resolutions reached, and requests that went to a state fair hearing, detailed analysis and disposition.

**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.

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

**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



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

**Parental Consent Form**

|   |   |
|---|---|
| I, _____ hereby affirm that I am the legal guardian of:   |   |
| <b>Last Name, First Name, MI</b>  | <b>MaineCare Member ID Number and DOB</b> |
| Child 1:  |   |
| Child 2:  |   |
| Child 3:  |   |
| Child 4:  |   |
| <b>I consent to:</b>  | <b>Circle one:</b>                        |
| <b>Agency Vehicle</b> (Lynx Mobility Services and/or KVVAN): I give Penquis Transportation Brokerage consent to set up transportation using an Agency Vehicle without an approved adult present.  | Yes or No                                 |
| <b>DHHS Approved Volunteers:</b> I give Penquis Transportation Brokerage consent to set up transportation using a DHHS Trained Volunteer without an approved adult present.   | Yes or No                                 |
| <b>Third Party Companies</b> (Ambulance Service or Chair Car Service): I give Penquis Transportation Brokerage consent to set up transportation using Third Party Companies without an approved adult present.  | Yes or No                                 |
| <b>Friends and Family Reimbursement:</b> I give Penquis Transportation Brokerage consent to set up transportation using a friend or family member of the minor to be reimbursed at the current mileage rate.  | Yes or No                                 |
| Emergency Contact 1:  | Phone number (    ) -                     |
| Emergency Contact 2:  | Phone number (    ) -                     |
| <b>Your Signature:</b> _____<br><br><b>Printed Name:</b> _____  | <b>Today's Date:</b><br>_____             |
| <p>This Parental consent form goes into effect when signed. I understand that this will stay in effect for one year from the date signed unless someone with authority writes and asks that this agreement be cancelled. I hereby consent and release Penquis and subcontractors from any and all liability, cause of action, or claims in connections with his/her transportation. I represent that my child(ren) will not be disruptive and will follow all instructions given by the driver. I understand that if any of the above factors cease to apply Penquis will no longer be able to transport the minor without an escort. I agree to notify Penquis if a change of guardianship occurs.</p> |   |

FOR INTERNAL USE:

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

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

**PENQUIS TRANSPORTATION BROKERAGE**

**CONSENT AND RELEASE OF LIABILITY**

1. I, \_\_\_\_\_ (name of legal guardian) residing at \_\_\_\_\_  
\_\_\_\_\_ (Address) able to be reached at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (phone  
number) hereby affirm that I am the legal guardian of:  
\_\_\_\_\_  
\_\_\_\_\_ (name of minor). His/Her birthdate is \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (name of minor). His/Her birthdate is \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (name of minor). His/Her birthdate is \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (name of minor). His/Her birthdate is \_\_\_\_/\_\_\_\_/\_\_\_\_\_.
2. I consent to the minor named above riding with any transportation provider scheduled by the Penquis Transportation Brokerage in connection with his/her transportation for non-emergency medical transportation.
3. By giving this consent and release of liability, I hereby represent that the minor named above is fully capable of being transported without an adult escort; will not be disruptive; will follow all rules communicated by the driver; and does not need an escort to provide emotional or any other kind of support.
4. I understand that if there are any changes to the factors set forth in paragraph 4, Penquis will no longer transport the minor without an escort.
5. I agree to inform Penquis within 48 hours if there is any change in the legal guardianship of the minor named above and to inform Penquis of the name and address of the new legal guardian.
6. I agree to inform Penquis in the event the member named above has exhibited disruptive or potentially unsafe conduct, especially while being transported in any setting.

Guardian's Signature:

Today's Date:

\_\_\_\_\_

\_\_\_\_\_

If you have any questions regarding this form please call Penquis Transportation Brokerage at (855) 437-5883. Fax # 207-941-2823.

Penquis Consent and Release Rev: 6/11/20

FOR INTERNAL USE:

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

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



## **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.

PAGE LEFT BLANK ON PURPOSE

## 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.

PAGE LEFT BLANK ON PURPOSE

# 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

MOM

PAGE LEFT BLANK ON PURPOSE



### 2026 Gas Reimbursement Schedule

| <b>*Forms due to Penquis</b>         | <b>Payment is sent to you</b> |
|--------------------------------------|-------------------------------|
| <b>Tuesday</b> , December 23, 2025   | Friday, January 02, 2026      |
| <b>Thursday</b> , January 08, 2026   | Friday, January 16, 2026      |
| <b>Thursday</b> , January 22, 2026   | Friday, January 30, 2026      |
| Friday, February 06, 2026            | Friday, February 13, 2026     |
| <b>Thursday</b> , 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          |
| <b>Thursday</b> , May 28, 2026       | Friday, June 05, 2026         |
| <b>Thursday</b> , June 11, 2026      | Friday, June 19, 2026         |
| <b>Thursday</b> , June 25, 2026      | Friday, July 03, 2026         |
| <b>Thursday</b> , 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       |
| <b>Thursday</b> , September 03, 2026 | Friday, September 11, 2026    |
| Friday, September 18, 2026           | Friday, September 25, 2026    |
| Friday, October 02, 2026             | Friday, October 09, 2026      |
| <b>Thursday</b> , October 15, 2026   | Friday, October 23, 2026      |
| Friday, October 30, 2026             | Friday, November 06, 2026     |
| <b>Tuesday</b> , November 10, 2025   | Friday, November 20, 2026     |
| <b>Tuesday</b> , November 24, 2026   | Friday, December 04, 2026     |
| Friday, December 11, 2026            | Friday, December 18, 2026     |
| <b>Tuesday</b> , 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](mailto:transportationfiscal@penquis.org)

PAGE LEFT BLANK ON PURPOSE

# PENQUIS

## ***PLEASE READ FOR CHANGES IN 2022***

### **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.**

**You can now submit forms to the following email: [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)**

### **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.

**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

# PENQUIS

MILEAGE REIMBURSEMENT TRIP LOG

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

Customer First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

I went to the appointments below and the staff at the medical office signed below. Customer Signature: \_\_\_\_\_

Driver First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Driver Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver Phone #: \_\_\_\_\_  Check box if you are a new driver  Check box if driver information has changed

I, \_\_\_\_\_ certify by turning in this form that I have a current and valid Maine driver's license. The vehicle used for the service listed below has a valid inspection sticker from the State of Maine. The vehicle is registered and insured in the State of Maine.

Driver Signature \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that Penquis will only reimburse 1 person per car. Turning in more than 1 form per car is considered fraud and will be reported.

| TRIP DATE | TRIP ID# | MEDICAL PROVIDER | MEDICAL PROVIDER SIGNATURE | TOTAL MILES |
|-----------|----------|------------------|----------------------------|-------------|
|           |          | Name: _____      |                            |             |
|           |          | Address: _____   |                            |             |
|           |          | Name: _____      |                            |             |
|           |          | Address: _____   |                            |             |
|           |          | Name: _____      |                            |             |
|           |          | Address: _____   |                            |             |
|           |          | Name: _____      |                            |             |
|           |          | Address: _____   |                            |             |
|           |          | Name: _____      |                            |             |
|           |          | Address: _____   |                            |             |
|           |          | Name: _____      |                            |             |
|           |          | Address: _____   |                            |             |

\* Each date of service must be signed by a medical provider for reimbursement to be approved. NOTE: Each trip will be confirmed with the medical provider's office before payments will be made. The mileage reimbursement is only for when the customer is in the vehicle. This form must be turned in no later than 30 days past the first appointment or reimbursement will be denied. Reimbursement trip logs may be emailed to [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)

**OFFICE USE DO NOT WRITE BELOW THIS LINE**

Received Date: \_\_\_\_\_ Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Bill Date: \_\_\_\_\_

# PENQUIS

## MILEAGE REIMBURSEMENT TRIP LOG

### Mail To:

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

Customer First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

I went to the appointments below and the staff at the medical office signed below. Customer Signature: \_\_\_\_\_

Driver First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Driver Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver Phone #: \_\_\_\_\_  Check box if you are a new driver  Check box if driver information has changed

I, \_\_\_\_\_ certify by turning in this form that I have a current and valid Maine driver's license. The vehicle used for the service listed below has a valid inspection sticker from the State of Maine. The vehicle is registered and insured in the State of Maine.

Driver Signature \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I understand that Penquis will only reimburse 1 person per car. Turning in more than 1 form per car is considered fraud and will be reported.

| TRIP DATE | TRIP ID# | MEDICAL PROVIDER | MEDICAL PROVIDER SIGNATURE | TOTAL MILES |
|-----------|----------|------------------|----------------------------|-------------|
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |

\* Each date of service must be signed by a medical provider for reimbursement to be approved. NOTE: Each trip will be confirmed with the medical provider's office before payments will be made. The mileage reimbursement is only for when the customer is in the vehicle. This form must be turned in no later than 30 days past the first appointment or reimbursement will be denied. Reimbursement trip logs may be emailed to [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)

**OFFICE USE DO NOT WRITE BELOW THIS LINE**

Received Date: \_\_\_\_\_ Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Bill Date: \_\_\_\_\_

# PENQUIS

## ***PLEASE READ FOR CHANGES IN 2022***

### **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.**

**You can now submit forms to the following email: [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)**

### **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.

**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

# PENQUIS

## MILEAGE REIMBURSEMENT TRIP LOG

### Mail To:

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

Customer First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

I went to the appointments below and the staff at the medical office signed below. Customer Signature: \_\_\_\_\_

Driver First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Driver Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver Phone #: \_\_\_\_\_  Check box if you are a new driver  Check box if driver information has changed

I, \_\_\_\_\_ certify by turning in this form that I have a current and valid Maine driver's license. The vehicle used for the service listed below has a valid inspection sticker from the State of Maine. The vehicle is registered and insured in the State of Maine.

Driver Signature \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I understand that Penquis will only reimburse 1 person per car. Turning in more than 1 form per car is considered fraud and will be reported.

| TRIP DATE | TRIP ID# | MEDICAL PROVIDER | MEDICAL PROVIDER SIGNATURE | TOTAL MILES |
|-----------|----------|------------------|----------------------------|-------------|
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |

\* Each date of service must be signed by a medical provider for reimbursement to be approved. NOTE: Each trip will be confirmed with the medical provider's office before payments will be made. The mileage reimbursement is only for when the customer is in the vehicle. This form must be turned in no later than 30 days past the first appointment or reimbursement will be denied. Reimbursement trip logs may be emailed to [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)

**OFFICE USE DO NOT WRITE BELOW THIS LINE**

Received Date: \_\_\_\_\_ Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Bill Date: \_\_\_\_\_

# PENQUIS

## ***PLEASE READ FOR CHANGES IN 2022***

### **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.**

**You can now submit forms to the following email: [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)**

### **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.

**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

# PENQUIS

## MILEAGE REIMBURSEMENT TRIP LOG

### Mail To:

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

Customer First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

I went to the appointments below and the staff at the medical office signed below. Customer Signature: \_\_\_\_\_

Driver First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver Mailing Address: \_\_\_\_\_ City \_\_\_\_\_  
 Driver Phone #: \_\_\_\_\_  Check box if you are a new driver  Check box if driver information has changed

I, \_\_\_\_\_ certify by turning in this form that I have a current and valid Maine driver's license. The vehicle used for the service listed below has a valid inspection sticker from the State of Maine. The vehicle is registered and insured in the State of Maine.

Driver Signature \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I understand that Penquis will only reimburse 1 person per car. Turning in more than 1 form per car is considered fraud and will be reported.

| TRIP DATE | TRIP ID# | MEDICAL PROVIDER | MEDICAL PROVIDER SIGNATURE | TOTAL MILES |
|-----------|----------|------------------|----------------------------|-------------|
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |

\* Each date of service must be signed by a medical provider for reimbursement to be approved. NOTE: Each trip will be confirmed with the medical provider's office before payments will be made. The mileage reimbursement is only for when the customer is in the vehicle. This form must be turned in no later than 30 days past the first appointment or reimbursement will be denied. Reimbursement trip logs may be emailed to [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)

**OFFICE USE DO NOT WRITE BELOW THIS LINE**

Received Date: \_\_\_\_\_ Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Bill Date: \_\_\_\_\_

# PENQUIS

## ***PLEASE READ FOR CHANGES IN 2022***

### **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.**

**You can now submit forms to the following email: [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)**

### **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.

**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

# PENQUIS

## MILEAGE REIMBURSEMENT TRIP LOG

### Mail To:

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

Customer First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

I went to the appointments below and the staff at the medical office signed below. Customer Signature: \_\_\_\_\_

Driver First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Driver Mailing Address: \_\_\_\_\_ City \_\_\_\_\_  
 Driver Phone #: \_\_\_\_\_  Check box if you are a new driver  Check box if driver information has changed

I, \_\_\_\_\_ certify by turning in this form that I have a current and valid Maine driver's license. The vehicle used for the service listed below has a valid inspection sticker from the State of Maine. The vehicle is registered and insured in the State of Maine.

Driver Signature \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I understand that Penquis will only reimburse 1 person per car. Turning in more than 1 form per car is considered fraud and will be reported.

| TRIP DATE | TRIP ID# | MEDICAL PROVIDER | MEDICAL PROVIDER SIGNATURE | TOTAL MILES |
|-----------|----------|------------------|----------------------------|-------------|
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |
|           |          | Name:            |                            |             |
|           |          | Address:         |                            |             |

\* Each date of service must be signed by a medical provider for reimbursement to be approved. NOTE: Each trip will be confirmed with the medical provider's office before payments will be made. The mileage reimbursement is only for when the customer is in the vehicle. This form must be turned in no later than 30 days past the first appointment or reimbursement will be denied. Reimbursement trip logs may be emailed to [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)

**OFFICE USE DO NOT WRITE BELOW THIS LINE**

Received Date: \_\_\_\_\_ Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Bill Date: \_\_\_\_\_

# PENQUIS

## ***PLEASE READ FOR CHANGES IN 2022***

### **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.**

**You can now submit forms to the following email: [transportationfiscal@penquis.org](mailto:transportationfiscal@penquis.org)**

### **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.

**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