TRAVEL REIMBURSEMENT REQUEST FORM — SINGLE DAY

AllCare will pay you back for trips to medical appointments when you do not have any other way to get there. You must call ReadyRide to schedule all reimbursed trips prior to the appointment date. Please send this form within 45 days of your trip. Forms sent after 45 days will not be paid. Copies of completed forms or forms that have been changed will not be accepted.

Name _____ AllCare ID# _____

Home Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone: _____

(All calls are recorded. Please list any phone number you may use to schedule appointments so that we can listen to calls if needed).

Mileage for Out-Patient Services and other trips that happen in **one day**. (AllCare pays $0.25 per mile.)

Date of Appointment	Appointment Time	Name of Doctor or Facility	Address	Round-trip Miles

Comments (If your mileage request is out of the ordinary, please use this space to explain.)

_____

_____

Signature

I agree that this information is true and correct. I understand that ReadyRide and AllCare will verify my appointments. I understand that cases of fraud or abuse will be pursued as allowed by law.

Print Name _____

Signature _____ Date _____

Deliver or send by regular mail to: ReadyRide, Attn: Reimbursements, 1235 NE 6th St., Grants Pass, OR 97526.

For office use only: Confirmation Number _____

ReadyRide
Moving People Touching Hearts

TRAVEL VERIFICATION FORM

Please ask the medical office to stamp your form. You will need a stamp for each visit.

We will not pay you if we do not have the facility stamp and initials.

No cutting, pasting, or taping please. Forms that are changed will not be accepted.

Date	Facility Stamp	Date	Facility Stamp
Initials		Intials	
Date	Facility Stamp	Date	Facility Stamp
Initials		Initials	
Date	Facility Stamp	Date	Facility Stamp
Initials		Initials	
Date	Facility Stamp	Date	Facility Stamp
Initials		Initials	
Date	Facility Stamp	Date	Facility Stamp
Initials		Initials	
Date	Facility Stamp	Date	Facility Stamp
Initials		Initials	

*** FACILITIES: IF YOU DO NOT HAVE A STAMP THAT WE PROVIDED, PLEASE USE YOUR ADDRESS STAMP.**