ReadyRide
Moving People Touching Hearts

APPOINTMENT VERIFICATION

Please complete and return by mail within 45 days of your appointment

Member Name:____ **Payee:**________________________

Home Address:____ **City:**________________________

Zip:________________ **Phone:**________________________**OHP #:**_____________________________

Date of Appointment	Time of Appointment	Reason for Appointment	Provider/Clinic Name AND Address	Provider/Clinic Phone	Provider/Clinic Signature & Stamp OR ATTACH AFTER VISIT SUMMARY	Trip Confirmation Number (Call ReadyRide for number before your trip)
MUST BE FILLED OUT	________AM ________PM MUST PUT TIME	MUST BE FILLED OUT	MUST BE FILLED OUT	MUST BE FILLED OUT	▷________________________ Provider / Office Staff Signature Date Provider Stamp Here	Trip #:________________ One Way Trip #:________________ Round Trip MUST HAVE AUTHORIZATION NUMBER
MUST BE FILLED OUT	________AM ________PM MUST PUT TIME	MUST BE FILLED OUT	MUST BE FILLED OUT	MUST BE FILLED OUT	▷________________________ Provider / Office Staff Signature Date Provider Stamp Here	Trip #:________________ One Way Trip #:________________ Round Trip MUST HAVE AUTHORIZATION NUMBER
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All trips must be called in prior to your appointment. You will receive a trip confirmation number for each appointment. You must write that in on your form prior to sending it in. Please completely fill out the form to be eligible for reimbursement. Have each appointment entry signed and dated by your provider or office staff. You must return the form within 45 days of your appointment. Trips that are older than 45 days are not eligible for payment. Mail or drop off your completed form to: ReadyRide Services. 114 Assembly Circle, Grants Pass, OR 97526. For questions, or to schedule a trip, please call 800-479-7920 or 541-479-7920.
***REMEMBER for lodging reimbursement with prior approval, please send in your original lodging receipt in members name with this form.**

THE SIGNATURE LINE PHONE AND DATE MUST ALL BE FILLED IN

Member/Guardian Signature:____Phone:______________________Date:____________________

Mailing Address (if different from home address) ____City:____________________Zip:__________

IF DRIVER INFORMATION IS DIFFERENT THAN MEMBER - FILL OUT THIS SECTION ABOVE

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For Office Use Only:	Total Miles:
Total Lodging (prior authorized):	Total Meals (prior authorized):