



Ride Line Call Center
REPEATING APPOINTMENT VERIFICATION

MILEAGE REIMBURSEMENT for MONTH: _____ **YEAR:** _____

Part 1: CCO - IHN / OHP Member Information

Name: _____, _____ **Date of Birth:** ____/____/____
(Last Name) (First Name) (mm) (dd) (yyyy)

Home Address: _____ **City** _____ **Zip** _____ **IHN / OHP+ ID #:** _____

Part 2: Appointment Information CANNOT BE USED FOR A&D OR TREATMENT CLINICS

HEALTHCARE PROVIDER OR CLINIC NAME	HEALTHCARE PROVIDER ADDRESS	HEALTHCARE PROVIDER PHONE

Please check boxes to mark dates of repeating appointments with the same healthcare provider:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	

Part 3: Client/Guardian Signature _____

Physician /Office Rep:

I have reviewed Parts 1-2, above, and the information is true/correct to the best of my knowledge.

Date: _____

FACILITY / PHYSICIAN STAMP HERE

Physician/Office Rep. Signature and date

All trips must be called in prior to the appointment. Completely fill out this form and have it signed by your healthcare provider on the last day of the month you are claiming. Submit the form within 45 days of your first appointment during this month to:

Ride Line Call Center 1400 Queen Ave SE Suite 205 Albany, OR 97322 or email to: rideline@ocwcog.org

Questions? Call Ride Line 541-924-8738 Toll Free: 1-866-724-2975
 A program of Oregon Cascades West Council of Governments

Mileage calculated by Ride Line using mapping software. **TOTAL MILEAGE** _____