

Penquis Transportation Brokerage
Customer Reimbursement Form

P.O. Box 1162, Bangor, ME 04402-1162
1-855-437-5883 or 974-2420
www.penquis.org

The person named below was seen by the
DR/ provider named below
on ___/___/___

(initials/signature)

All appointments must be confirmed

DATE OF TRIP: _____

Name of Customer with appointment: _____

Home Address of the Customer: _____

Phone number of the Customer: _____

Name of Doctor or Provider: _____

Complete address of Provider: _____

Starting mileage (1): _____ Ending mileage (2): _____

Trip ID# _____

Return Trip Home

Starting mileage (3): _____ Ending mileage (4): _____

Trip ID# _____

Note: A trip to and from a provider, facility, doctor, or other covered trips needs **FOUR** mileage readings.

1. Write mileage when you leave customer's home.
2. Write mileage when dropping customer at the provider.
3. Write mileage when leaving the provider.
4. Write mileage when dropping the customer at home.

Name and Address of Person to be Reimbursed:

Reimburse ID: _____

First, MIDDLE INITIAL and Last Name

CHECK HERE IF THIS IS A NEW NAME/ADDRESS

Street or PO Box

To access reimbursement forms on the web: go to
www.penquis.org -- click "brokerage" —click
"Transportation Brokerage" click "print form".

City, State and Zip

Telephone Number

Maine Care will only reimburse 1 person per car. Turning in more than 1 reimbursement form per car is fraud. We report all suspected fraud to Maine Care.

My signature confirms that the above appointment was kept and the provider confirmed this appointment. By signing I'm confirming that all information provided on this form is true. The car used for this trip was registered; insured and inspected according to Maine laws. The driver was legally licensed to operate the vehicle used.

Customer, Parent, or Caretaker's Signature

Date Received: _____

Date Billed: _____