

RideLine 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

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

*To verify your appointment, complete this form and have it signed by your healthcare provider. Submit the form with your healthcare provider's original signature (no copies or faxes) within 45 days of your first appointment during this month to:
 RideLine Call Center 1400 Queen Ave SE Suite 205 Albany, OR 97322*

Questions? Call RideLine 541-924-8738 Toll Free: 1-866-724-2975

Mileage calculated by RideLine using mapping software.
TOTAL MILEAGE _____