RIDE to CARE

Appointment verification form

You may request this form in large print or another language. Contact Customer Service toll-free at 855-321-4899 or TTY 711 (Oregon Relay Service).

Reminders:

- Whenever possible, call for your trip at least two business days before the appointment.
- We must receive this form no later than 45 calendar days after the appointment.
- You must include all required receipts.
- We will send the funds within 14 business days of receiving this form and required receipts.

Note: You have the right to request a same-day or next-day ride. However, if your request is on short notice, and demand for rides is high, we prioritize medically urgent requests.

Please fill out the member information below.

Member name: _____

Health Share Member ID number: _____

Check the reimbursement boxes apply to your travel.

- ☐ Mileage reimbursement: 25 cents per mile
- ☐ Lodging reimbursement: Up to $40 per night, with some exceptions. Eligible for lodging if travel is more than eight hours total, starts before 5 a.m., ends after 9 p.m., or is out of the service area. **Receipts required.**
- ☐ Meal reimbursement: $3 for breakfast, $3.50 for lunch and $5.50 for dinner. Eligible for meals if travel starts before 6 a.m., travel happens between 11:30 a.m. and 1:30 p.m., or travel ends after 6:30 p.m. **Receipts are not required.**

Members: Mail completed forms and required receipts to:
P.O. Box 301339, Portland, OR 97294

Health care providers: Include a cover sheet with clinic contact details and fax the forms to: 503-296-2681

Need more copies of this form? It's available at: **ridetocare.com/members**

Thank you!

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Request No. 1

Appointment date and start time:

Provider name:

Provider address:

Provider staff signature:

Appointment end time:

Request No. 2

Appointment date and start time:

Provider name:

Provider address:

Provider staff signature:

Appointment end time:

Request No. 3

Appointment date and start time:

Provider name:

Provider address:

Provider staff signature:

Appointment end time: