Cascades West RideLine
Serving Linn, Benton and Lincoln County Residents

APPOINTMENT VERIFICATION

Please complete and return by mail

CLIENT NAME: _____ **ONLY ONE NAME PER FORM**

HOME ADDRESS: _____ City _____ Zip _____

OHP+ Number: _____ PHONE: _____ DATE OF BIRTH: _____

DATE of appointment	TIME of appointment	REASON for appointment	PHYSICIAN/CLINIC NAME ***AND*** OFFICE ADDRESS	PHYSICIAN or CLINIC PHONE	PHYSICAN OR CLINIC SIGNATURE AND STAMP	MILEAGE to be calculated by Ride Line using state approved software
	Check one: AM PM				_____ Physician / Office Rep Signature date Clinic/ Physician Stamp Here	Check one: One way Round trip
	Check one: AM PM				_____ Physician / Office Rep Signature date Clinic/ Physician Stamp Here	Check one: One way Round trip
	Check one: AM PM				_____ Physician / Office Rep Signature date Clinic/ Physician Stamp Here	Check one: One way Round trip

MILEAGE to be calculated by Ride Line using state approved mapping software

To be completed by RideLine:
Total mileage both pages _____

Please complete one section for each of your appointments. Have each appointment entry signed by your healthcare provider. Return the form with your healthcare providers' original signatures (no copies or faxes). To receive travel reimbursement, we must receive this form within 45 days of your appointment. Trips older than 45 days are not eligible for payment. Mail form to: CASCADES WEST RIDE LINE 1400 Queen Ave SE Suite 205 Albany, OR 97322 or email to rideline@ocwcog.org. For questions, please call 541-924-8738 or Toll Free 1-866-724-2975.

For lodging reimbursement, please attach your original lodging receipt to this form.

Client/Guardian Signature: _____ Phone: _____ Date: _____

Mailing Address (if different from home address): _____ City: _____ Zip: _____

By signing this form, you are verifying the information provided is true.

PAYEE NAME: _____

APPOINTMENT VERIFICATION

DATE of appointment	TIME of appointment	REASON for appointment	PHYSICIAN/CLINIC NAME ***AND*** OFFICE ADDRESS	PHYSICIAN or CLINIC PHONE	PHYSICAN OR CLINIC SIGNATURE AND STAMP	MILEAGE to be calculated by Ride Line using state software.
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