

## INSTRUCTIONS for completing the IHN/OHP Appointment Verification Form OAR 410-136-3240(2)

All your trip requests must be called in with prior authorization (OAR 410-136-3240(1)) through Ride Line to qualify for reimbursement.

Please complete one (1) section on the verification form for each of your appointments. Verification sheets must be received within 45 days from your first appointment.

**Completing verification forms**: All appointments must be called in and pre-authorized in advance

- 1. Fill out your personal information at the top of the reimbursement form.
- 2. Take the reimbursement form with you to each **IHN / OHP Medicaid** covered appointment. *Not all appointments qualify for reimbursement.*
- 3. Complete a space with the requested information for each appointment. Incomplete information will cause a delay in processing.
- 4. Have the provider or a staff person in the provider's office sign and/or stamp the form to verify you attended the appointment.
- 5. Once you have entered all the appointments you want to submit for reimbursement, sign, and date the form at the bottom. Your signature is required for the form to be eligible for reimbursement!

Forms must be complete and legible or they will be returned to you. If this happens you will need to complete the missing information and resubmit. If this delay results in an appointment being over 45 days old-it will not qualify for reimbursement.

## Please be aware:

- a) Reimbursements may take up to 30 days to be processed.
- b) Ride Line will calculate the mileage using mapping software.
- c) A client may request reimbursement up to 45 days of the appointment date. If an appointment is over 45 days when the form is received by Ride Line, the reimbursement will NOT be paid.
- d) It is suggested you save a copy of the forms you turn in for your records.

## Other common situations:

- Combine trips whenever possible (for example, a doctor and lab, or doctor and pharmacy appointments should be made in the same trip).
- Only authorized mileage will be for the actual client's travel to and from a medical appointment.
- After a medical appointment, a client may need to make a pharmacy stop on the drive home. The extra stop can be added to your trip. Add the pharmacy information on a separate line and get it signed along with a receipt from the pharmacy. Call Ride Line to add the stop or, if the brokerage is closed, call it in by the next business day.
- If you do not have an appointment form for the provider to sign, you may submit a letter from the office with the form.
  Fill out the form with the appointment information and in the signature box write "See Attached" and include the letter.
- If you have appointment information filled out but you did not attend the appointment on that day, draw a line through the boxes and initial on the left side before submitting the form.
- The "Monthly Repeating Verification" form is for multiple appointments at the same location (dialysis, physical therapy, counseling) in the same month. The repeating form CANNOT BE USED FOR REHAB TREATMENT CENTERS. Have the office sign and date this form at the END OF THE MONTH and submit for reimbursement.

Submit to: CASCADES WEST RIDE LINE 1400 QUEEN AVE SE. SUITE 205

ALBANY OR 97322

Or email to: rideline@ocwcog.org

To pre-authorize trips call Ride Line at: 541-924-8738 or (Toll Free) 1-866-724-2975