

Total Transit

Solutions That Move You

Mileage Reimbursement Verification Form

Standing Order

This form can be used for up to 2 weeks of mileage reimbursement. These trips must have been scheduled in advance by your medical provider. Please complete it and return it to Total Transit within 14 days of the last medical appointment listed.

Patient Name _____ Medicaid # _____

Name of Medical Provider _____

Title _____ Contact Phone _____

Medical facility Address _____

City _____ State _____ Zip _____

Verification by the Medical Provider is required for each trip and those signatures acknowledge that the above named Medicaid patient was seen in our office on the date and at the time identified:

Week 1 - Sun	Date	Time	Medical Office Verification	Total Transit Audit		
				Trip #	Mileage	Verification
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Week 2 - Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						

Driver Information

Driver's Name _____ Contact Phone Number _____

Mailing Address _____ City _____ State _CO_ Zip _____