

Reimbursement Form

14812 Main St
 Bellevue, WA 98007
 King 1.800.923.7433
 Snohomish 1.855.766.7433

- This form is for reimbursement for costs associated with parking, bridge toll or ferry services only.
- This form must be completely filled out to receive reimbursement
- Attach Original receipts to this form (copies will not be accepted)
- Receipts submitted cannot be more than 2 months old

| | | | |
|------------------|------|--------------------------------------|---|
| Patient | | Driver's Name | |
| Address | | Driver License Expiration Date | * |
| City | Zip: | Vehicle Registration Expiration Date | * |
| Phone | | Insurance Policy Expiration Date | * |
| ProviderOne ID # | | | |

Please note: Check will be made out to Patient

*Copies of these documents must be on file with Hopelink.

| Appt Date | Appt Time | Facility Name and Facility Address | Medical Reason for Appt | Type (Parking, Toll or Ferry) | \$ Amount |
|-----------|-----------|------------------------------------|-------------------------|-------------------------------|-----------|
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(Use other side or additional forms for more appointments)

The driver and passenger(s) release and hold Hopelink harmless from all damages and injuries caused to persons or property arising out of the performance of this transportation.

Client Signature: _____ Driver Signature: _____

For reimbursement please mail completed form and receipts to:

HOPELINK TRANSPORTATION - 14812 MAIN ST, BELLEVUE, WA 98007

Please allow 60 days for payment.

DO NOT WRITE BELOW THIS LINE - HOPELINK USE ONLY

| GL | DIV | DEPT | GRANT | SUBCON | TYPE | AMOUNT |
|--------------|-----|------|-------|--------|------|--------|
| 6022 | 80 | 522 | 5250 | 510 | 70 | \$ |
| Prepared By: | | | | | | |
| Approved By: | | | | | | |

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PLEASE NOTE: This page will be returned if it is sent without the front page.