TransLink Medicaid Medical Appointment Verification Form

Please complete one (1) section for each of your appointments. All your trip requests must be prior authorized (OAR 410-136-0300) through TransLink to qualify for reimbursement; Original verification sheets (no copies or fax) accepted thrity (30) days from appointment. Separate sheets by cutting along the dotted line - **Send only completed sections.**

INCOMPLETE SHEETS WILL NOT BE PROCESSED

Questions? TransLink: 541.842.2060 | (Toll Free) 1.888.518.8160 | Fax: 541.618.6376 or 541.618.6377

Medicaid Medical Appointment Verification

Complete ALL sections - One per appointment

Client Name: _____ Client ID: _____ DOB: _____

Doctor/Clinic/Facility Name: _____ Physician Seen: _____

Address: _____ Appt. Duration: _____

Appt. Purpose: _____

Appt. Date: _____ Appt. Time: _____

Facility/Physician Stamp HERE - No Signatures

Physician or Authorized Representatives Signature Date

Medicaid Medical Appointment Verification

Complete ALL Sections

Client Name: _____ Client ID: _____ DOB: _____

Doctor/Clinic/Facility Name: _____ Person Seen: _____

Address: _____ Appt. Duration: _____

Appt. Purpose: _____

Appt. Date: _____ Appt. Time: _____

Facility/Physician Stamp HERE - No Signatures

Physician or Authorized Representatives Signature Date

Medicaid Medical Appointment Verification

Complete ALL sections

Client Name: _____ Client ID: _____ DOB: _____

Doctor/Clinic/Facility Name: _____ Person Seen: _____

Address: _____ Appt. Duration: _____

Appt. Purpose: _____

Appt. Date: _____ Appt. Time: _____

Facility/Physician Stamp HERE - No Signatures

Physician or Authorized Representatives Signature Date

Medicaid Medical Appointment Verification

Complete ALL sections

Client Name: _____ Client ID: _____ DOB: _____

Doctor/Clinic/Facility Name: _____ Person Seen: _____

Address: _____ Appt. Duration: _____

Appt. Purpose: _____

Appt. Date: _____ Appt. Time: _____

Facility/Physician Stamp HERE - No Signatures

Physician or Authorized Representatives Signature Date

Send completed sections to:

TransLink Reimbursement Program | 239 E. Barnett Road, Medford, Oregon 97501

ver. 0.3

Important Information Regarding Verification Sheets:

* Send **ONLY ONE** verification section for each of your appointments. Cut along the dotted lines to separate each section. Each sheet contains 4 separate verification sections (use ONE section each doctor's appointment you attend.)

* **Verification sections must be complete!** Each verification section must be completed for you to receive all your requested reimbursement funds. Incomplete sections may result in your reimbursement funds being reduced significantly. Please ensure your verification sections are complete BEFORE you leave your doctor's appointment.

* Lodging reimbursement requires a lodging receipt (The original from either a hotel or motel). Attach your lodging receipt to your completed verification section. Place all information into an envelope and send to the TransLink address listed on front of this page.

* If you did not get prior authorization from TransLink for your transportation reimbursement request, your request for reimbursement will be denied. Please remember to schedule your reimbursement request as soon as you know about your appointment.