



**NON-EMERGENCY MEDICAL TRANSPORTATION
REIMBURSEMENT FORM**

**PHONE: (360) 738-4554 OR 1-800-860-6812 FAX: (360)-734-5446 OR (360)-734-5476
E-MAIL: NWRCRIDES@DSHS.WA.GOV**

INSTRUCTIONS FOR REIMBURSEMENT FORM (see reverse) *Please use ink (not pencil) and do not write in shaded areas.*

Client Name:	Name of Person to Receive Check:
Address:	Address:
City:	City:
Phone:	Phone:

I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received on account thereof. I also certify that the driver has a valid driver's license and is able to legally and safely drive in the State of Washington and that the vehicle used is legally licensed and insured.	Signature of Client or Designee X _____
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MILEAGE CHARGES:

Medical Provider Must Initial	Date/Time Of Appt.	Destination	Purpose of Travel	Miles Travelled	REIMBURSEMENT AMOUNT
					\$
					\$
					\$
					\$

OTHER CHARGES: FERRY, PARKING, TOLLS, MEALS > MUST ATTACH RECEIPTS <

Medical Provider Must Initial	Date/Time Of Appt.	Destination	Type of Charge	Amount	TOTAL MILEAGE REIMBURSEMENT
					\$
					\$
					\$
					\$

TOTAL REIMBURSEMENT APPROVED	\$	Signature of NWRC staff auditing and approving reimbursement
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INSTRUCTIONS FOR REIMBURSEMENT FORM

1. All trips must be requested two full business days' in advance in order to receive reimbursement
2. Write in the client's name, address, and phone number- please use ink, not pencil and do not write in shaded areas.
3. If person to be reimbursed is different from client, write in the payee's name, address and phone number.
4. Write in each round trip separately.
5. Have the medical provider initial in the left-hand column to validate the trip.
6. Please include the following information if it is not already on file with NWRC:
 - Copy of current Washington State Driver license
 - Copy of proof of vehicle insurance, showing expiration date
 - Copy of motor vehicle registration
7. If you are requesting ferry or parking reimbursement, fill in that section and have the medical provider initial.
8. Attach any receipts for ferry or parking.
9. Client (or designee) must sign form in top right box
10. Within 30 days of your medical trip, return the completed form by fax, mail, or email.

Reimbursement checks are mailed approximately 2 weeks after processing. If the information you turn in is not complete, payment may be delayed or denied.

For questions about filling in forms or scheduling trips, call our Customer Service Representatives at 738-4554 in Whatcom County, or 1-800-860-6812 for those outside the county.