

**Single Medical Provider Form
OHP Medical Travel Verification Form**

ONLY TO BE USED - When one person has multiple visits with the same medical provider See reverse side for completion instructions

QUESTIONS? Call CERC at: 541-385-8680 ~ or ~ Toll Free 1-866-385-8680

Incomplete Forms Will Not Be Processed - Incomplete Sections Will Not Be Paid

Client Name: _____ DOB: _____ Ph #: _____

Clinic or Facility Name: _____ Facility Ph #: _____

Facility Address: _____ City/State: _____

Visit Date: _____ Visit Purpose: _____

Appointment Time: _____ Time Visit Complete: _____

Medical Provider Seen: _____

Signature of Provider Seen or Office Rep:	I AM REQUESTING: (see reverse) <input type="checkbox"/> Mileage <input type="checkbox"/> Lodging Eligible Meals for: <input type="checkbox"/> Patient <input type="checkbox"/> Escort
Printed Name of Signer:	
Date Signed:	

Visit Date: _____ Visit Purpose: _____

Appointment Time: _____ Time Visit Complete: _____

Medical Provider Seen: _____

Signature of Provider Seen or Office Rep:	I AM REQUESTING: (see reverse) <input type="checkbox"/> Mileage <input type="checkbox"/> Lodging Eligible Meals for: <input type="checkbox"/> Patient <input type="checkbox"/> Escort
Printed Name of Signer:	
Date Signed:	

Visit Date: _____ Visit Purpose: _____

Appointment Time: _____ Time Visit Complete: _____

Medical Provider Seen: _____

Signature of Provider Seen or Office Rep:	I AM REQUESTING: (see reverse) <input type="checkbox"/> Mileage <input type="checkbox"/> Lodging Eligible Meals for: <input type="checkbox"/> Patient <input type="checkbox"/> Escort
Printed Name of Signer:	
Date Signed:	

Visit Date: _____ Visit Purpose: _____

Appointment Time: _____ Time Visit Complete: _____

Medical Provider Seen: _____

Signature of Provider Seen or Office Rep:	I AM REQUESTING: (see reverse) <input type="checkbox"/> Mileage <input type="checkbox"/> Lodging Eligible Meals for: <input type="checkbox"/> Patient <input type="checkbox"/> Escort
Printed Name of Signer:	
Date Signed:	

❖❖❖ **Important Information** ❖❖❖

About Filing for Help with Travel Reimbursements

For More Detailed Information Refer to the
OHP Medical Transportation Reimbursement (TR) Guide
Or Call **CERC** where Customer Service Reps are Available to Help You

541-385-8680 ~ or ~ toll free 1-866-385-8680

- ☑ **ALL** trip requests must be called in to **CERC** to qualify for help with travel costs. Please **call 48 hours before** your visit when possible. Requests called in after a visit can be reimbursed only when it is verified the visit was unplanned & urgent.
- ☑ **Take** your **Medical Appointment Verification Form** to your visit with you. Make sure the form is **signed** by the medical provider **before** you leave their office.
- ☑ Be sure you complete a **Single Visit Verification Form** for each medical visit. **OR**, if you see the same medical provider several times in one month you can use the **Multiple Visit Verification Form** for visits to one provider. Ask **CERC** to mail you the forms you need, or, print them off the web site at <http://coic2.org/transportation/cascade-east-ride-center/>
- ☑ Visit Verification Forms **must be complete**. Incomplete forms may be returned to you to finish, or, may result in your travel reimbursement being less than expected.
- ☑ Meals and lodging help applies to travel outside of Central Oregon only. Meal requests do not require receipts. For lodging requests you must turn in the original receipt from the hotel or motel. Call **CERC**, or see the TR Guide for more information.
- ☑ **Within 45 days** of the medical visit with the earliest date listed on this form, return completed, signed, forms to **CERC** at:

CERC TR Program,
343 E Antler Ave
Redmond, OR 97756