

3600 3<sup>rd</sup> Street, Suite B  
Tillamook, Oregon 97141  
Phone: (888) 793-0439  
Email: [nwrides@tillamookbus.com](mailto:nwrides@tillamookbus.com)



## **NEMT Healthcare Appointment Verification Form**

You can have this in large print, another language, or in another way that works for you. Please contact Customer Service at 1-888-793-0439. TTY/TDD users can call the Oregon Relay Service at 7-1-1.

### **CPCCO Member:**

Please fill out the member information below. The member is the person that has the health care appointment. Return this form to NWR at the address provided at the top of the page.

### **Healthcare Provider:**

Please fax this completed form on behalf of member, with coversheet including clinic contact information.

Fax to **503-815-2834**

**Reminder:** All requests must be called into NWR 48 business hours (2 business days) before the appointment date. *If we get your forms within 45 days after your visit, you will be reimbursed within **14 business days**.*

<b>Member Name:</b>	<b>Member ID Number:</b>
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- Mileage Reimbursement (\$0.44 per mile)
- Lodging Reimbursement (\$98.00 per night, some exceptions) **original receipts required**
- Meal Reimbursement (\$33.00 per day, eligible for meals if travel begins prior to 6:00am, travel happens between 11:30am to 1:30pm, or travel ends after 6:30pm) **receipts are not required.**
- All required original receipts are included (if not checked or "NO", payment will not be sent until then).

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<b>Request #1</b>	
Appointment Date and Time:	
Name of Provider:	
Provider Address:	
Provider Staff Signature:	
Appointment Completion Time:	
<b>Request #2</b>	
Appointment Date and Time:	
Name of Provider:	
Provider Address:	
Provider Staff Signature:	
Appointment Completion Time:	
<b>Request #3</b>	
Appointment Date and Time:	
Name of Provider:	
Provider Address:	
Provider Staff Signature:	
Appointment Completion Time:	