



# 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 and signed to receive reimbursement
- Attach Original receipts to this form (copies will not be accepted)
- Receipts submitted cannot be more than 30 days after the medical appointment.

Patient/Client		Driver's Name	
**Parent or Legal Guardian Name		*Driver's License Expiration Date	
Address			
City	Zip:	*Vehicle Registration Expiration Date	
Phone		*Insurance Policy Expiration Date	
Patient/Client ProviderOne ID #		*Copies of these documents must be on file with Hopelink	
**Please note: If Patient is a minor child (under 18 years old), and a Parent or Legal Guardian name is listed above, then check will be made payable to the Parent or Legal Guardian. Otherwise, all checks will be made payable to the Patient/Client.			

Appt Date	Appt Time	Facility Name and Facility Address	Medical Reason for Appt	Type (Parking, Toll or Ferry)	\$ Amount

(Use other side or additional forms for more appointments)

By signing below, I certify that the information contained in this document is true and correct the best of my knowledge and the attached receipts are for the services described. 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 (or Parent/Legal Guardian) 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	Prepared by:	
6022	80	529	5250 (K) 5260 (S)	510	70	\$	Approved by:	

# Reimbursement Form

Appt Date	Appt Time	Facility Name and Facility Address	Medical Reason for Appt	Type (Parking, Toll or Ferry)	\$ Amount

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