



Fax or mail form to:
 14812 Main St
 Bellevue, WA 98007
 King: 1.800.923.7433
 Snohomish: 1.855.766.7433
Fax: 425.644.9447

Hopelink Gas Card Reimbursement Form

This form must be completely filled out in order to receive Gas Card reimbursement

Forms must be received no later than 5:00PM on the 7th of the month following your appointment(s)

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 #			
Confirmation needed? Fax: _____ Phone: _____		*These documents must be on file with Hopelink before we can process your request*	

Appt. Date	Appt. Time	Starting Address	Facility <u>Name</u> and <u>Address</u>	Medical Reason <i>("Check-up", "Eval", or "Follow-up" are too vague)</i>	Facility Phone Number	Round Trip? Please Circle One
						Y N
						Y N
						Y N

							Y N
							Y N
							Y N

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