



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 to receive reimbursement
- Attach either an original or a copy of the receipt to this form
- Receipts submitted cannot be more than 30 days from the medical appointment

Patient		Driver's Name	
Address		Driver License Expiration Date	*
City	Zip:	Vehicle Registration Expiration Date	*
Phone		Insurance Policy Expiration Date	*
ProviderOne ID #			

Please note: Check will be made out to Patient

*Copies of these documents must be on file with Hopelink.

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)

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 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
6022	80	522	5250	510	70	\$
Prepared By:						

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