

# Friend & Family Reimbursements Sheet

WHCA  
Transportation Service Center  
PO Box 299  
Ellsworth, ME 04605-0299

The person named below was seen by  
the Dr/Medical facility named below  
on \_\_\_\_\_  
Date

Verified by

\_\_\_\_\_  
Signature of Person Validating

All appointments must be validated  
by MaineCare covered facility

**\*\*\*No Alterations Accepted\*\*\***

Name of client with appointment: \_\_\_\_\_

Town client lives in: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Name of Service Provider/Doctor: \_\_\_\_\_

Town: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Roundtrip: Yes / No      If not was this? Admission / Discharge (please circle one)

Client or guardian must sign this form. Signature verifies that appointment was kept and facility did verify form.

Client/Guardian signature: \_\_\_\_\_

Driver Code: \_\_\_\_\_

Trip number: \_\_\_\_\_

You must call **BEFORE** all appointments to register your trip. You may register multiple trips but each trip must have a separate form. Each form must be validated by facility **AFTER** the appointment and signed by client/guardian. Return reimbursement sheets to WHCA for reimbursement.

*WHEN TRAVELLING TOGETHER TO MEDICAL APPOINTMENTS COVERED BY MAINECARE ONLY 1 PERSON CAN REQUEST REIMBURSEMENT. SUBMITTING MORE THAN ONE REIMBURSEMENT SHEET PER VEHICLE CONSTITUTES FRAUD AND YOU WILL BE REPORTED TO MAINECARE*

**Telephone Lines are open**

**6:30am -5:00pm**

**664-0012 or 546-7547**

**1-877-374-8396**

**Lobby Hours are**

**7:30am - 4:00pm**