



Beltrami County Health and Human Services
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 Bemidji, MN 56601

MA Transportation Specialist
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This form is also available on our website: www.co.beltrami.mn.us

Healthcare Access for Services Request for Reimbursement Form

All information is needed to process a reimbursement check.

Reimbursement to vehicle owner:

Reimbursement Requested for:

Attach Receipts

Name: _____

Lodging: _____ (Dates)

Address: _____

Meals: _____ (Dates)

Mileage: _____

License Plate #

Other: _____ (Specify)

Patient Name & MA#	Date of Birth	Date of Service	Time	Name & Location of medical facility	Initial	Signature of healthcare provider

Verification of Patient attendance must be completed by Healthcare Provider.

I completed this form and I verify the appointment verification is true.

Signature of person requesting reimbursement: _____

Contact Phone # _____

EMERGENCY CASES:

Was the patient sent by emergency services to a hospital or other facility?

Y ___ N ___

If YES, and patient was transferred out of town you must attach transfer papers and/or a referral from the local medical provider.