



Beltrami County Health and Human Services
616 America Avenue NW, Suite 330 • Bemidji, MN 56601
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VERIFICATION OF MEDICAL SERVICE

-Medical appointments attended

(This form must be completed by Health Care Provider Personnel)

Patient Name: _____ has been seen for a scheduled medical appointment(s)
on the following dates:

DATE OF SERVICE:	APPOINTMENT BEGIN TIME:	APPOINTMENT END TIME:	INITIALS:

Provider Signature Required (Doctor, Nurse, or Receptionist)

Name and Location of Medical Facility
(Facility stamp or letterhead)