

# TransLink Medical Appointment Authorization Form

Please complete one section for each of your appointments. All trips must be requested through TransLink before you begin travel to qualify for reimbursement. Original authorization sections will be accepted up to 45 days from the date of your medical appointment. Separate sections by cutting along the dotted line. TransLink does not accept copies or faxes of appointment authorization forms.

Mail original, completed sections to: TransLink 239 E. Barnett Road, Medford Oregon 97501

**Incomplete authorization(s) will not be processed**

*If you have questions, please call TransLink:* 1.541.842.2060 | (Toll Free) 1.888.518.8160

## Medical Appointment Authorization

Complete All Sections - One Per Appointment

Member Name: \_\_\_\_\_ OHP ID #: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Doctor/Clinic/Facility Name: \_\_\_\_\_ Person Seen: \_\_\_\_\_

Address: \_\_\_\_\_ Appt. Duration (h:mm): \_\_\_\_\_ :

Appt. Purpose: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Physician or Authorized Representatives Signature \_\_\_\_\_ Date \_\_\_\_\_

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Complete All Sections - One Per Appointment

Member Name: \_\_\_\_\_ OHP ID #: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Doctor/Clinic/Facility Name: \_\_\_\_\_ Person Seen: \_\_\_\_\_

Address: \_\_\_\_\_ Appt. Duration (h:mm): \_\_\_\_\_ :

Appt. Purpose: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Physician or Authorized Representatives Signature \_\_\_\_\_ Date \_\_\_\_\_

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Complete All Sections - One Per Appointment

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Doctor/Clinic/Facility Name: \_\_\_\_\_ Person Seen: \_\_\_\_\_

Address: \_\_\_\_\_ Appt. Duration (h:mm): \_\_\_\_\_ :

Appt. Purpose: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Physician or Authorized Representatives Signature \_\_\_\_\_ Date \_\_\_\_\_

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Doctor/Clinic/Facility Name: \_\_\_\_\_ Person Seen: \_\_\_\_\_

Address: \_\_\_\_\_ Appt. Duration (h:mm): \_\_\_\_\_ :

Appt. Purpose: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Physician or Authorized Representatives Signature \_\_\_\_\_ Date \_\_\_\_\_

## Information About This Form

- \* Use **ONE** authorization section for each of your medical appointments. Cut along the dotted lines to separate each section. This authorization form contains 4 separate authorization sections. Send **one** section for each appointment you attend.
- \* **All authorization must be complete.** Each authorization must be completed in order for you to get your transportation reimbursement funds. Incomplete sections may result in not getting all your eligible funds. Make sure each authorization section is complete **BEFORE** you leave your medical appointment. Incomplete forms will be returned unprocessed.
- \* Lodging reimbursement require a lodging receipt. (The original receipt from the hotel or motel where you stayed). Include your original lodging receipt with your completed authorization. Place all information into an envelope and send to:  

**TransLink, 239 E. Barnett Road, Medford, Oregon 97501**
- \* Meal requests **DO NOT** require receipts but must be requested in advance.
- \* If you did not request reimbursement before traveling to your appointment your request for reimbursement will be denied. Please remember to schedule your reimbursement request as soon as you know about your appointment by calling TransLink at 1-888-518-8160.
- \* Urgent reimbursement requests to the emergency room / urgent care **MUST** be called into TransLink within 72 hours of your visit and will be approved on a case-by-case basis.