Beltrami County Health and Human Services
616 America Avenue NW, Suite 330 ● Bemidji, MN 56601
Phone (218) 333-8023
Fax (218) 333-4131
MAtransportation@beltramicountymn.gov

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 REQUIRED)