



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

Healthcare Access for Services Request for Reimbursement Form

This form is also available on our website: www.beltramicountymn.gov

Reimbursement to vehicle owner:

Name: _____

Address: _____

License Plate # _____

Reimbursement Requested for:

Lodging: _____ (Dates)

Meals: _____ (Dates)

Mileage: _____

Other: _____

Attach Itemized Receipts

**Signatures are only valid for appointments
within 30 miles for primary care and
60 miles for specialty care.*

Patient Name	Date of Birth	Date of Service	Time	Name & Address of Medical Facility	Initial	Signature of healthcare provider*

All information is needed to process a reimbursement check

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

Signature of **person requesting reimbursement**: _____

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.



Beltrami County Health and Human Services

616 America Avenue NW, Suite 270 • Bemidji, MN 56601

Phone (218) 333-8023

Fax (218) 333-4131

MAtransportation@beltramicountymn.gov

REIMBURSEMENT CHECK-LIST

Reimbursement within 30 miles for primary care & 60 miles for specialty care of patient's residence

- ✓ Verification of Attendance- Signature from Provider on Reimbursement form
- ✓ Reimbursement form

Reimbursement outside 30 miles for primary care & 60 miles for specialty care of patient's residence

(TURNED IN 5 DAYS BEFORE THE APPT)

- ✓ Referral out of the Bemidji area
- ✓ Request form
- ✓ Verification of Appointment- Appointment Notice

Request form with the verification MUST be turned in 5 days prior to the appointment. Once we receive the request form and verification, our office will send out an authorization letter.

(AFTER THE APPOINTMENT)

- ✓ Reimbursement form
- ✓ Verification of Attendance- Summary of Care or Letter/Fax/Email from Provider stating you attended the appointment.
- ✓ Itemized Receipts (If authorized for meals/lodging)

**Mileage reimbursement can only be made to the owner of the vehicle. A copy of the vehicle registration or auto insurance card is required if documentation is not in your file.*