



# Reimbursement Form

14812 Main St  
Bellevue, WA 98007  
1-800-923-7433

- This form is for reimbursement for costs associated with parking, toll or ferry services only.
- This form must be completely filled out to receive reimbursement
- Attach Original receipts or statement to this form (copies will not be accepted)
- Receipts submitted cannot be more than 2 months old

|         |      |
|---------|------|
| Patient |      |
| Address |      |
| City    | Zip: |
| Phone   |      |
| PIC #   |      |

Please note: Check will be made out to Patient

|                        |   |
|------------------------|---|
| Driver's Name          |   |
| Driver License #       | * |
| Vehicle Registration # | * |
| Insurance Carrier      | * |
| Insurance Policy #     | * |

\*Copies of these documents must be on file with Hopelink.

| Appt Date | Appt Time | Facility Name and Facility Address | Medical Reason for Appt | Parking, Toll or Ferry | \$ Amount |
|-----------|-----------|------------------------------------|-------------------------|------------------------|-----------|
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |
|           |           |                                    |                         |                        |           |

(Use other side or additional forms for more appointments)

The driver and passenger(s) release and hold Hopelink harmless from all damages and injuries caused to persons or property arising out of the performance of this transportation.

Client Signature: \_\_\_\_\_ Driver Signature: \_\_\_\_\_

For reimbursement please mail completed form and receipts to:

**HOPELINK TRANSPORTATION - 14812 MAIN ST, BELLEVUE, WA 98007**

Please allow 60 days for payment.

DO NOT WRITE BELOW THIS LINE - HOPELINK USE ONLY

| GL           | DIV | DEPT | GRANT | SUBCON | TYPE | AMOUNT |
|--------------|-----|------|-------|--------|------|--------|
| 6022         | 80  | 522  | 5250  | 510    | 70   | \$     |
| Prepared By: |     |      |       |        |      |        |
| Approved By: |     |      |       |        |      |        |

