Gas Mileage Reimbursement (GMR) Form

BAY CITIES BROKERAGE

UMPQUA HEALTH

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR AUTHORIZATION I OAR 410-136-3240

GMR is for when you are wanting to get money back for your non-emergent medical transportation. Please complete this form and return the original form via mail to Bay Cities Brokerage, 3505 Ocean Blvd SE. Coos Bay, OR 97420. Or you can drop it off at 1290 NE Cedar St. Roseburg, OR 97470. This must be sent within 45 days from the appointment or it will not be approved. Upon receipt, please allow 30 days for processing.

For out-of-town appointments, members MUST schedule in advance of the appointment and BCB must be able to verify the appointment, or the request will not be authorized. Copies of this blank form is allowed. Please contact Bay Cities Brokerage if you have questions about this form or the submission process at 877-324-8109.

Member Name: _____ UHA ID #: _____

Member DOB: _____ Phone number: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Trip Date:	Trip Time:	Trip Time Completed:
Facility Name:		
Facility Address:	City:	Zip:
Facility Phone:		
Signature of Provider Seen or Office Representative:	Printed Name:	Date Signed:
Trip Reason:		
☐ Routine	☐ Follow-up	☐ Pharmacy

I have completed this form and I verify that the information on this form is true.	
Member Signature:	Printed Name:

Get this information in any language or format for free. All interpretation services are free. Call 541-229-4842 (TTY 711).

Obtenga esta información de forma gratuita en cualquier idioma o formato. Todos los servicios de interpretación son gratuitos. Llame al 541-229-4842 (TTY 711).

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Trip Date:	Trip Time:	Trip Time Completed:
Facility Name:		
Facility Address:	City:	Zip:
Facility Phone:		
Signature of Provider Seen or Office Representative:	Printed Name:	Date Signed:
Trip Reason:		
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