

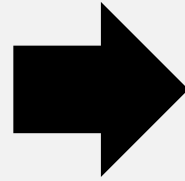
CASCADES WEST RIDE LINE

Transportation Options:

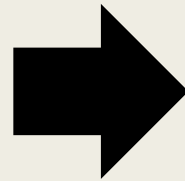
The better way to get to non-emergent medical appointments



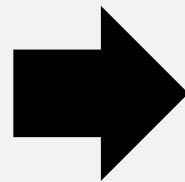
How to Start:



Set up a profile with Ride Line.



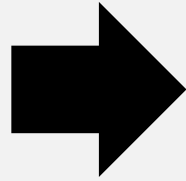
Customer Service Representative will verify eligibility with Oregon Health Authority.



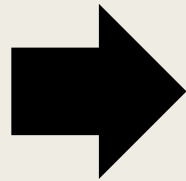
Client will provide detailed information such as home address and mobility needs.



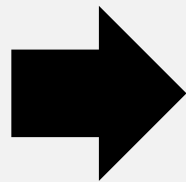
Client responsibilities:



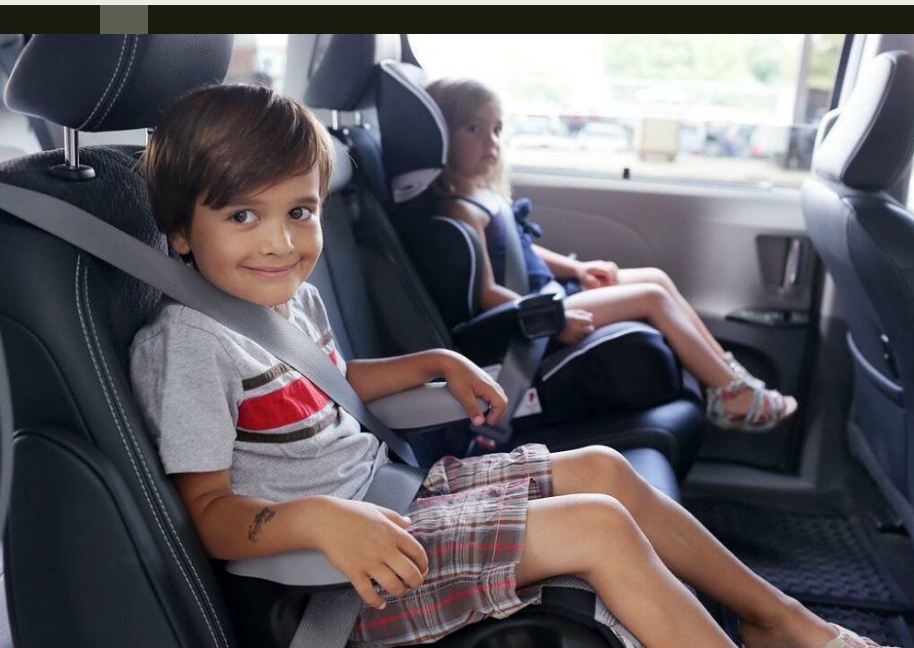
For security reasons, date of birth and home address are verified by the client.



The Customer Service Representative will guide you through the call.



Be prepared with all appointment information.



Make a Plan: Door to Door Transportation

1

2

3

Schedule appointment with clinic then call Ride Line to reserve transportation.

Reservations can be made up to 90 days in advance.

Rides are scheduled on a first come first serve basis and based on availability of transportation providers.

Most providers operate 24 hours a day, every day of the year.

Be prepared with:
Date & Time of Appt.

Facility Address

Reason for Appt.

Expected Return Time

Mobility Needs

- I use a wheelchair, will I be able to use Ride Line?

Yes, we provide wheelchair accessible vans with either a lift or ramp. If you can transfer in and out of the wheelchair, we may send a sedan and the driver will fold up your wheelchair and put it away in the trunk of the vehicle.

- Can someone travel with me?

Yes, you are allowed one attendant. Please be mindful of clinic restrictions. If additional people must travel with you, please let the Customer Service Representative know so we can send the appropriate size vehicle.

- The surgery center won't give me a check-in time until the day before my appointment, what should I do?

Schedule the trip with the Customer Service Representative and we will indicate the pick up and return time as CALL. This will ensure a vehicle will be reserved for you. Make sure you notify Ride Line once you know your check-in time.

- Can I schedule same day appointments?

Typically same day requests are for Urgent Care needs only. We will take you to the nearest Urgent Care clinic, however, if a doctor requires you to be seen the same day, exceptions may be made.

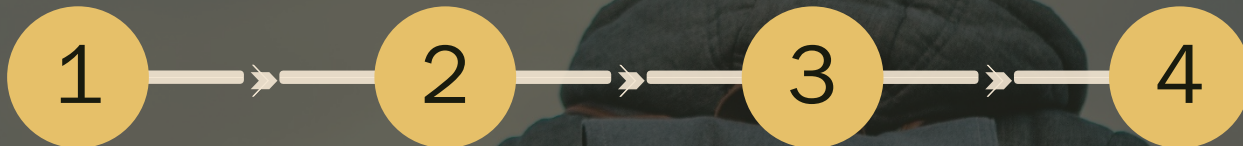
- I need to go to the pharmacy, is that covered too?

Yes, you can schedule a pharmacy stop after your medical appointment, or schedule a trip directly to the pharmacy.

Common Travel Questions



Mileage Reimbursement

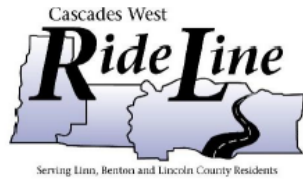


1
Schedule appointment with the clinic then call Ride Line to **Pre-Authorize** a reimbursement request.

2
Be prepared with the date & time of appointment, complete address of clinic & reason for appointment.

3
Complete the Verification Form and have someone in the clinic sign the form to verify you attended the appointment.

4
Verification Forms must be submitted to Ride Line within 45 days from the first date on the form to be eligible for reimbursement.



**AUTHORIZATION FOR MILEAGE REIMBURSEMENT
CLIENT / DESIGNATED PAYEE**

Mileage reimbursement is generally issued to the client, or if the client is a minor, the head of the household on the case.

If reimbursement is intended for someone other than the client, written approval must be obtained from the client before authorizing reimbursement

Date: _____ Client Name: _____
(Please Print)

Date of Birth _____ Social Security # _____

Client Street Address: _____ City _____ Zip _____

Client Mailing Address (if different): _____

Client Phone: _____

I authorize _____ to receive my travel reimbursement.
(Please Print)

Client Signature: _____

When payee is other than client, the following information is needed:

Name: _____

Street Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone: _____

Date of Birth: _____

Social Security #: _____

Payee Signature: _____

ONLY original form accepted. Copies, faxes or emails will not be accepted.
Debit cards will not be ordered without complete information & signature(s).



APPOINTMENT VERIFICATION

Please complete and return by mail

CLIENT NAME: _____ PHONE: _____
 HOME ADDRESS: _____ City _____ Zip _____
 OHP+ Number: _____ DATE OF BIRTH: _____

DATE of appointment	TIME of appointment	REASON for appointment	PHYSICIAN/CLINIC NAME <i>AND</i> OFFICE ADDRESS	PHYSICIAN or CLINIC PHONE	PHYSICIAN OR CLINIC SIGNATURE AND STAMP	MILEAGE to be calculated by RideLine using mapping software
	Check one: AM PM				_____ Physician / Office Rep Signature date <u>Clinic/ Physician Stamp Here</u>	Check one: One way Round trip
	Check one: AM PM				_____ Physician / Office Rep Signature date <u>Clinic/ Physician Stamp Here</u>	Check one: One way Round trip
	Check one: AM PM				_____ Physician / Office Rep Signature date <u>Clinic/ Physician Stamp Here</u>	Check one: One way Round trip

MILEAGE to be calculated by Ride Line using mapping software

To be completed by RideLine:
 Total mileage both pages _____

Please complete one section for each of your appointments. Have each appointment entry signed by your healthcare provider. Return the form with your healthcare providers' original signatures (no copies or faxes). To receive travel reimbursement, we must receive this form within 45 days of your appointment. Trips older than 45 days are not eligible for payment. Mail form to: CASCADES WEST RIDE LINE 1400 Queen Ave SE Suite 205 Albany, OR 97322. For questions, please call 541-924-8738 or Toll Free 1-866-724-2975.

For lodging reimbursement, please attach your original lodging receipt to this form.

Client/Guardian Signature: _____ Phone: _____ Date: _____

Mailing Address (if different from home address): _____ City: _____ Zip: _____

By signing this form, you are verifying the information provided is true.

PAYEE NAME: _____



Ride Line Call Center
REPEATING APPOINTMENT VERIFICATION

MILEAGE REIMBURSEMENT for MONTH: _____ YEAR: _____

Part 1: CCO - IHN / OHP Member Information

Name: _____, _____ Date of Birth: _____
(Last Name) (First Name) (mm) (dd) (yyyy)
Home Address: _____ City _____ Zip _____ IHN / OHP+ ID #: _____

Part 2: Appointment Information

HEALTHCARE PROVIDER OR CLINIC NAME	HEALTHCARE PROVIDER ADDRESS	HEALTHCARE PROVIDER PHONE

Please check boxes to mark dates of repeating appointments with the same healthcare provider:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	

Part 3: Client/Guardian Signature _____

Physician /Office Rep:

I have reviewed Parts 1-2, above, and the information is true/correct to the best of my knowledge.

Date: _____

FACILITY / PHYSICIAN STAMP HERE

Physician/Office Rep. Signature _____

To verify your appointment, complete this form and have it signed by your healthcare provider. Submit the form with your healthcare provider's original signature (no copies or faxes) within 45 days of your first appointment during this month to:
Ride Line Call Center 1400 Queen Ave SE Suite 205 Albany, OR 97322

Questions? Call Ride Line 541-924-8738 Toll Free: 1-866-724-2975
A program of Oregon Cascades West Council of Governments

Mileage calculated by Ride Line using mapping software. TOTAL MILEAGE _____

A person wearing a red coat is shown from the waist down, packing a light-colored suitcase with a dark brown leather strap. The scene is dimly lit, with a soft glow from the left. The background is dark and out of focus. The text 'THANK YOU' is overlaid in the center in a large, white, sans-serif font. Below it, the name 'Ana Ojeda Duffy' is written in a smaller, white, sans-serif font. The entire image is framed by a white L-shaped graphic element in the top-left and bottom-right corners.

THANK YOU

Ana Ojeda Duffy