



## ***TRANSPORTATION / MEDICAL VISIT REIMBURSEMENT REQUEST FORM***

I attest, by my signature below, that \_\_\_\_\_  
(Name of Tribal Member or CHS Participant)

was seen in this office / facility / hospital by \_\_\_\_\_  
(Name of Medical Provider)  
for medical treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Medical Official or Provider)

Date of Service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

The WHS will pay up to a maximum of \$60 round trip for any mode or mixed mode of transportation off the island to access a healthcare provider. Receipts are required. This could include but is not limited to: Airline tickets, Ferry tickets, bus tickets, taxi and rental car. This includes all transportation expenses including parking fees, tolls, etc. Tips are non-reimbursable. Must have the healthcare provider/staff complete and sign the Transportation/Medical visit Reimbursement Request Form.