Beltrami County Health and Human Services



616 America Avenue NW, Suite 330 • Bemidji, MN 56601 Phone (218) 333-8023 Fax (218) 333-4131 matransportation@co.beltrami.mn.us

HEALTH CARE ACCESS FOR SERVICE REQUEST FORM **Upcoming Appointments**

- Please turn in requests FIVE (5) BUSINESS DAYS PRIOR to the date of the appointment. Appointments out of the local service area must be prior authorized to be reimbursed.
- Complete the information below. Attach a copy of the medical appointment and referral for the medical appointment out of the area.

Today's Date	
Name of Patient	Patient's Date of Birth
Address	
Phone Number*	
•	hone number. We must be able to reach you to discuss your request. In ses, you may not be eligible for everything you requested.
Appointment Date(s)	Appointment Time End Time
Appointment Location _	
	Services Requested
(Please c	eck all that apply and add dates for lodging and meals)
Volunteer Driver L	ical Bus
Reimbursement (driving	yourself or have a ride lined up)
Lodging 🗌 🛛	ates
Meals 🗌 🛛	ates
Mileage	
Name of adult accompa	nying child
Signature of person rec	lesting services

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Volunteer Driver/Public Transit (BUS) CHECK-LIST

- Volunteer Drivers are only for individuals needing to go out of the Bemidji area or live outside of the bus route. After approval, driver will reach out to make arrangements.
- IF YOU LIVE WITH IN THE BUS ROUTE AND NEED TO GO TO A LOCAL APPOINTMENT, you will be authorized for the bus. After approval, you need to call PBT to make arrangements, 218-751-8765 (option 1).

Transportation assistance WITHIN 60 miles of your residence

(TURNED IN 5 BUSINESS DAYS BEFORE THE APPT)

- ✓ Request form
- ✓ Verification of Appointment- Ex. Appointment notice

Transportation assistance OUTSIDE 60 miles of your residence (TURNED IN 5 BUSINESS DAYS BEFORE THE APPT)

- ✓ Referral out of the Bemidji area
- ✓ Request form
- ✓ Verification of Appointment- Ex. Appointment notice

Our office will send you an authorization letter stating what has been authorized