



# Bus Pass Reimbursement Form

300 East St. Germain Street – Suite 220  
 St. Cloud, MN 56304  
 320-257-3036 320-257-3038 fax

Reimbursement Schedule for COMPLETE requests:  
 Bus passes are ordered once the form is received at the central office and most passes are able to be sent out 7-10 business days after they are ordered.

<i>For office use</i>
Date rcvd: _____
Documentation included: _____
Bus pass sent: _____ _____
Cost of pass: _____
Date sent _____

Name \_\_\_\_\_

Address \_\_\_\_\_

Requested Bus Pass \_\_\_\_\_

Date	Proof of trip or visit included (Please check if included or use this space for signature of MCM )	Purpose of Trip

By signing this form, I certify that my statements are true and correct and that I am not requesting reimbursement from another source for the trips listed above. **RAAN must be the payer of last resort when requesting reimbursement.** Further, I understand that receiving reimbursement from multiple sources for the same trip or expenses is cause to be discharged from RAAN’s Transportation Program. **Lack of proper documentation or incomplete information will delay your request. REMEMBER TO SIGN BELOW – We cannot reimburse without your signature.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

## DIRECTIONS FOR COMPLETING THIS FORM

To receive a bus pass to assist in accessing medical, dental, mental health care, pharmacy, or other HIV/AIDS supportive services, complete this form and return it to the RAAN office.

- It is necessary for you to complete all sections.
- One bus pass per month will be issued. Bus passes will be issued at the smallest denomination available.
- Please provide as much identifying information under “Purpose of Trip” as possible, including the name of the clinic or site visited. **Documentation of one visit is required for each bus pass. Examples of documentation include: an appointment card, co-pay receipt showing date of service, or sign off by your case manager.**

RAAN will be unable to provide a bus pass until adequate information on the purpose of your trip is provided. If you have questions or need help please call your Medical Case Manager or the central office at 320-257-3036.

### **RECEIPTS/PROOF OF VISIT MUST BE ATTACHED IN ORDER FOR RAAN TO ISSUE A BUS PASS.**

Mail or fax this form to: **RAAN – 300 East St. Germain Street – Suite 220- St. Cloud, MN 56304**  
**Fax: 320-257-3038**

***\*\*Reminder \*\****

***All required documentation for participation in RAAN programs must be current to receive reimbursement. This includes but is not limited to, current verification of income, Minnesota residency, insurance and physician/lab appointments.***

***Bus passes will be withheld until documentation is provided by you.***

***RAAN must be payer of last resort when requesting reimbursement.***

***Contact your medical case manager if you have questions.***