



Subscription verification form

You may request this form in large print or another language. Contact Customer Service toll-free at 855-321-4899 or TTY 711.

Reminders:

- ▶ Whenever possible, call for your trip at least two business days before the appointment.
- ▶ We must receive this form no later than 45 calendar days after the appointment.
- ▶ You must include all required receipts.
- ▶ We will send the funds within 14 business days of receiving this form and required receipts.

Note: You have the right to request a same-day or next-day ride. However, if your request is on short notice, and demand for rides is high, we prioritize medically urgent requests.

Please fill out the member information below:

Member name: _____

Health Share Member ID number: _____

Members: Mail completed forms and required receipts to:
P.O. Box 301339, Portland, OR 97294

Health care providers: Include a cover sheet with clinic contact details and fax the forms to: 503-296-2681



Please fill in the date for the day of the week for each of the members appointments.

Clinic staff: Please initial each date the member attended appointments or received treatment.

Month: _____ Year: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

In signing this form, I certify that the information provided is correct.

Client/guardian signature: _____ Date: _____

In signing this form, I certify that the information provided is correct.

Physician/office
Representative signature: _____ Date: _____