



MILEAGE REIMBURSEMENT

Submit invoice to:

Kinetik Healthcare Solutions

11-48 46th Road

Long Island City, NY 11101

Email: rides@nodehealth.ai Fax: 1 (252) 395-4601

Driver Info	Member Info
Name:	Name:
Street Address (mailing):	Member ID:
City/State/Zip:	Relationship to Driver:
Drivers License Number:	
Phone Number:	
Email:	

REQUIREMENTS FOR PAYMENT OF GAS MILEAGE REIMBURSEMENT:

Such services are funded in part with the State of New Mexico. Each trip will be confirmed with the provider prior to payment. Healthcare provider signature is required for each medical trip date. Submission to the NODE fax, email or mailing address shown on this form must occur within **90 days** of the trip date, otherwise reimbursement may be declined.

TRIP DATE	TRIP NUMBER	HEALTHCARE PROVIDER NAME AND PHONE NUMBER	HEALTHCARE PROVIDER SIGNATURE	TOTAL MILES
		Name: Phone Number:		
		Name: Phone Number:		
		Name: Phone Number:		
		Name: Phone Number:		

REQUIREMENTS FOR PAYMENT OF PUBLIC TRANSIT (BUS PASS) REIMBURSEMENT:

Such services are funded in part with the State of New Mexico. When a bus pass is purchased out of pocket, the expectation to receive reimbursement would be proof of payment for the bus pass whether this be a bank statement, screen shot of payment, or image of bus pass. Submission to the NODE's fax, email or mailing address shown on this form must occur within 90 days of the trip date, otherwise reimbursement may be declined.

Bus Pass purchase date	Reason for purchase of bus pass?	Weekly or Monthly Bus pass purchased?	Proof of payment



I hereby certify that all of the information contained is true and correct. I have a current, valid, and open driver's license. The vehicle used to perform services has passed all state tests, has a current registration, and is insured according to the laws and regulations of the state to which the vehicle is registered.

X _____

Driver Signature

Date

I hereby certify that all of the information contained is true and correct.

X _____

Member Signature

Member Name (Print)

Date

If you have any questions concerning this invoice, call 1 877-633-0298