

NOBLE COUNTY
DEPARTMENT OF JOB AND FAMILY SERVICES

18065 SR 78 - PO Box 250
Caldwell, Ohio 43724-0250

Mindy T. Harding
Director

Phone: (740) 732-2392
Fax: (740) 732-4108

This will certify on _____ transportation was provided for _____
(Date) (Client Name) / SSN (last four)

from _____ to _____
(Client Pickup Address) (Dentist/Physician/Hospital - Name and Address)

ER Room Visit Yes No

Medicaid billable Service Yes No

Pregnancy Related Yes No

Healthcek well child Yes No

Amt. of reimbursement \$ _____

Signature of Dentist/Physician/Hospital – **Date & Time**

Signature of Person Providing Transportation

Street Address

Street or P.O. Box

City State Zip

City State Zip

FORM MUST BE COMPLETED BEFORE PAYMENT PROCESSED.

FOR OFFICE USE ONLY:

Client Case Number: _____

Approved by _____ (Initials) Agency Employee

NET Method Code _____

PRS Method Code _____

Method Codes:

- | | |
|-----------------------------------|-----------------------------------|
| 1. Bus, Rail, etc. (Fixed route) | 7. Travel Expenses (parking etc.) |
| 2. Friend or Relative | 8. Contract Vendor |
| 3. Consumer | |
| 4. CDJFS Vehicles | |
| 5. CDJFS Personnel (own vehicles) | |
| 6. Attendant | |

Comments: _____

