



# ***On Time MedTrans***

## ***Fax 800-376-0448***

***www.ontimemedtrans.com***

***Phone 800-372-3372***

### ***Billing Authorization for Transportation***

Person name \_\_\_\_\_ phone \_\_\_\_\_

Origination of round trip \_\_\_\_\_

Destination \_\_\_\_\_

*This Authorization Good For*

\_\_\_\_\_ *Number of Trips or from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Billing Information (please print or type)*

*Send Bill to (please print or type):* \_\_\_\_\_

Phone # \_\_\_\_\_ Ext \_\_\_\_\_ Claim# \_\_\_\_\_

Fax# \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name \_\_\_\_\_

Authorized by (adjuster/Case Manager) \_\_\_\_\_

Print name & Title \_\_\_\_\_