



# *On Time MedTrans Fax 818-392-8276*

*[www.ontimemedtrans.com](http://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* \_\_\_\_\_

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

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