

Gas Reimbursement Program for Members

**When you need to get there...
Sometimes a friend can help.**

The Gas Reimbursement Program allows friends or family to transport our members to and from appointments. For their service, the driver will be reimbursed for their gas expense.

*Certain rules apply



Benefits to You...



Convenience



Go Straight to
Your Appointment



Flexibility



Money Back

**When you need to schedule an appointment,
follow these 3 easy steps.**

Step 1

Call Customer Service three days ahead and request approval for gas reimbursement. They will walk you through the process.

Step 2

Get your Medical Provider to sign and confirm that you attended your appointment.

Step 3

Send in your gas reimbursement form to our Claims Department and your driver will receive their check in the mail.

It's That Easy!

To learn more about our Gas Reimbursement Program, please call us.



Virginia Premier:
1.855.880.3480 (TTY: 711)



DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

REQUEST FOR PAYMENT BY ELECTRONIC TRANSFER

>>> Must submit a Non-starter Voided Check or Bank Direct Deposit letter with this form <<<<

Complete all sections that apply:

Bank Account Information:

Form with fields for BANK NAME, BANK ROUTING NUMBER, and DRIVER'S BANK ACCOUNT NUMBER.

Some small banks use a bank clearinghouse to process electronic transactions. If your bank uses a clearinghouse such as the Banker's Bank complete this section:

Form with fields for CLEARINGHOUSE BANK NAME and CLEARINGHOUSE BANK ROUTING NUMBER.

Driver Information:

Form with fields for DRIVER NAME, DRIVER ADDRESS, CITY, STATE, ZIP, EMAIL ADDRESS, TELEPHONE NUMBER, and FAX NUMBER.

By submitting this completed application, I hereby request Southeastrans, Inc to submit payments directly to my financial institution as defined above. I have verified that the account number and routing numbers are accurate and will notify Southeastrans if any changes in the above information become necessary.

I acknowledge that, if necessary, wire transfer fees will be deducted from my payment and that all remittance documents will be provided by mail.

42 CFR 455.18

- 1) "This is to certify that the foregoing information is true, accurate, and complete.
2) "I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable federal and/or state laws."

X

DRIVER SIGNATURE

DATE

PRINTED NAME

Send completed forms with original signatures to:

Southeastrans, Inc.
4751 Best Road, Suite 300
Attn: Finance
Atlanta, GA 30337
Fax Number: 678-510-1351
Email: ElectronicPayment@southeastrans.com