



# Wampanoag Health Service

20 Black Brook Road

Aquinnah MA 02535-1546

508-645-9265 / 508-645-2783 (f)

## **TRANSPORTATION / MEDICAL VISIT REIMBURSEMENT REQUEST FORM**

I attest, by my signature below, that \_\_\_\_\_  
(Name of Tribal Member / PRC Participant)

was seen in this office / facility / hospital by \_\_\_\_\_  
for medical treatment. (Name of Medical Provider)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Confirmation #: \_\_\_\_\_  
Month Day Year

### **Attention Tribal Member:**

Please attach your SSA Boat Reservation / Passenger Ticket / Bus / Taxi / Parking Receipts along with this signed form. Reimbursements generally take two weeks from date of submission. Failure to submit your receipts along with this form will forfeit any reimbursement for that date of service.