

REQUEST FOR PAYMENT-DIRECT SERVICES FOR PART B

PROVIDER INFORMATION/SUBMIT PAYMENT TO:	DATE _____
NAME _____	EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NO. _____ SERVICES PROVIDED DURING _____ (YEAR) _____
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
TELEPHONE _____	

CLIENT IDENTIFICATION	SERVICE INFORMATION
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NAME OF CLIENT	TYPE OF SERVICE	LIST EACH DATE OF SERVICE	NO. OF UNITS/MILES	Mileage/Travel Time			UNIT PRICE	AMOUNT
				Beginning odometer	Ending odometer	Identify as C= In City R= Rural		

COMMENTS:	TOTAL
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I declare and affirm under the penalties of perjury, that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the civil rights of 1964, and regulations issued thereunder relating to non-discrimination in federally assisted program.

CLAIMANT SIGNATURE DATE