



ALL FIELDS ARE REQUIRED FACILITY STAMPS ARE ACCEPTED

Member's Name: Saravana Balakrishnan

Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 08/05/2025

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR
AUTHORIZATION | OAR 410-136-3240 | **To obtain authorization please call 1-877-324-8109**

Additional Information: For out of town appointments members MUST
schedule at least 2 business days in advance or the request will not be authorized - Copies of this
blank form are allowed.

Upon Completion, please return the **original** slip via mail or drop off to Bay Cities Brokerage - 3505 Ocean Blvd SE, Coos
Bay 97420 | Any reimbursement requests that are received after 45 days from the appointment will not be accepted
| Upon receipt please allow 30 days for processing, and if you have any questions please call 1-877-324-8109

TRIPS TO THE EMERGENCY ROOM ARE NOT AUTHORIZED

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Member's Name: Saravana Balakrishnan

Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 03:00 PM Completed Time: 04:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/29/2025

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Member's Date of Birth: 03/11/1981
Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature: _____

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled: _____

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/22/2025

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Member's Name: Saravana Balakrishnan
Member's Date of Birth: 03/11/1981
Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature: _____

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled: _____

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/17/2025

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Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 03:00 PM Completed Time: 04:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/15/2025

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Member's Name: Saravana Balakrishnan

Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/10/2025

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Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/10/2025

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Member's Name: Saravana Balakrishnan

Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 155 S Wall St, Coos Bay, OR

Patient's Appointment Time: 02:00 PM Completed Time: 03:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/08/2025

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Member's Date of Birth: 03/11/1981
Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature: _____

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 03:00 PM Completed Time: 04:00 PM Miles Traveled: _____

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 07/01/2025

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Member's Date of Birth: 03/11/1981
Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature: _____

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled: _____

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 06/27/2025

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR
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Member's Date of Birth: 03/11/1981
Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature: _____

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled: _____

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 06/27/2025

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Member's Date of Birth: 03/11/1981
Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature: _____

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 04:30 PM Completed Time: 05:30 PM Miles Traveled: _____

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 06/26/2025

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR
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Member's Date of Birth: 03/11/1981

Medicaid ID Number: WV501U9V

Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 06/25/2025

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Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 03:00 PM Completed Time: 04:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 06/24/2025

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Authorized Party (Printed): ADAPT Authorizing Signature:

Appointment Office Address: 400 N Virginia Ave, Suite 201, North Bend, OR

Patient's Appointment Time: 09:00 AM Completed Time: 12:00 PM Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date: 06/23/2025

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Medicaid ID Number:

Authorized Party (Printed): Authorizing Signature:

Appointment Office Address:

Patient's Appointment Time: Completed Time: Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up Pharmacy Appointment Date:

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