



ALL FIELDS ARE REQUIRED	FACILITY STAMPS ARE ACCEPTED
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DGB DAT CITIES BROKE		Member's Na	me:	Saravana Balakrishnan
		Member's Dat	te of Birth:	03/11/1981
Advanced	Health	Medicaid ID N	umber:	WV501U9V
Authorized Party (Printed):AD	DAPT .	Authorizing Si	gnature:	
Appointment Office Address: 400	00 N Virginia Av	ve, Suite 20	1, North Bend, O	R
Patient's Appointment Time:	:00 AM Compl	leted Time:	12:00 PM	Miles Traveled:

Appointment Reason Circle One: Routine Follow-Up

Pharmacv

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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BCB BAY CITIES BROKERAGE

AdvancedHealth

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

ADAPT Authorized Party (Printed):

Authorizing Signature:

Appointment Office Address:

400 N Virginia Ave, Suite 201, North Bend, OR

03:00 PM

04:00 PM

Patient's Appointment Time:

Completed Time:__

Miles Traveled: _____

Appointment Reason Circle One:

Routine Follow-Up

Pharmacy

Appointment Date:

07/29/2025

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR

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Appointment Reason Circle One: Routine Follow-Up



ALL FIELDS ARE REQUIRED	FACILITY STAMPS ARE ACCEPTED
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BOB DAT CITIES BROKERAGE	Member's Name:	Saravana Balakrishnan
	Member's Date of Birth:	03/11/1981
AdvancedHealth	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 Con	npleted Time: 12:00 PM	Miles Traveled:
Appointment Reason Girologue. Routine Follow-Up	Pharmacy Appointment Date:	07/22/2025

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TRIPS TO THE EMERGENCY ROOM ARE NOT AUTHORIZED C.+ 11000

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BCB BAY CITIES B	ROKERAGE	*ALL FIELDS ARE REQUIRED* Member's Name:	FACILITY STAMPS ARE ACCEPTED Saravana Balakrishnan
		Member's Date of Birth:	03/11/1981
Advar	ncedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed): _	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virgin	ia Ave, Suite 201, North Ber	nd, OR
Patient's Appointment Time:	09:00 AM	12:00 PM Completed Time:	Miles Traveled:
Appointment Reason circle One:	Routine Follow-Up	Pharmacy Appointment Da	te:07/17/2025

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Appointment Reason Circle One: Routine Follow-Up



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DAT OTTES BROKERAGE	Member's Name:	Saravana Balakrishnan
	Member's Date of Birth:	03/11/1981
AdvancedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed):ADAPT	Authorizing Signature:	
Appointment Office Address: 400 N Virginia	a Ave, Suite 201, North Bend,	OR
Patient's Appointment Time: 03:00 PM Co	ompleted Time: 04:00 PM	Miles Traveled:
Annointment Reason Greens Routine Follow-Up	Pharmacy Appointment Date:	07/15/2025

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BCB BAY CITIES B	ROKERAGE	*ALL FIELDS ARE REQUIRED* Member's Name:	FACILITY STAMPS ARE ACCEPTED Saravana Balakrishnan
		Member's Date of Birth:	03/11/1981
Advar	ncedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed): _	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virgini	ia Ave, Suite 201, North Ber	nd, OR
Patient's Appointment Time:	09:00 AM	12:00 PM Completed Time:	Miles Traveled:
Appointment Reason circle One:	Routine Follow-Up	Pharmacy Appointment Da	te:07/10/2025

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Appointment Reason Circle One: Routine Follow-Up



ALL FIELDS ARE REQUIRED	FACILITY STAMPS ARE ACCEPTED
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BOB BAT CITIES BROKERAGE	Member's Name:	Saravana Balakrishnan
	Member's Date of Birth:	03/11/1981
AdvancedHealth	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 Con	mpleted Time: 12:00 PM	Miles Traveled:
Appointment Reason Girla One. Routine Follow-Up	Pharmacy Appointment Date:	07/10/2025

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BCB BAY CITIES B		*ALL FIELDS ARE REQUIRED* Member's Name:	FACILITY STAMPS ARE ACCEPTED Saravana Balakrishnan
_		Member's Date of Birth:	03/11/1981
Advar	ncedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed): _	ADAPT	Authorizing Signature:	
Appointment Office Address:	155 S Wall S	St, Coos Bay, OR	
Patient's Appointment Time:	02:00 PM	03:00 PM	Miles Traveled:
Appointment Reason circle One:	Routine Follow-Up	Pharmacy Appointment Dat	e:07/08/2025

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Appointment Reason Circle One: Routine Follow-Up



ALL FIELDS ARE REQUIRED	FACILITY STAMPS ARE ACCEPTED
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BOD BAT GITTE BK		Member's Name:	Saravana Balakrishnan
		Member's Date of Birth:	03/11/1981
Advance	edHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed):	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virginia	Ave, Suite 201, North Ben	d, OR
Patient's Appointment Time:	03:00 PM _{Com}	npleted Time: 04:00 PM	Miles Traveled:

Appointment Date: __07/01/2025

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR

Pharmacv

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BCB BAY CITIES B	ROKERAGE	*ALL FIELDS ARE REQUIRED* Member's Name:	FACILITY STAMPS ARE ACCEPTED Saravana Balakrishnan
		Member's Date of Birth:	03/11/1981
Advar	ncedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed): _	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virgin	ia Ave, Suite 201, North Be	nd, OR
Patient's Appointment Time:	09:00 AM	12:00 PM Completed Time:	Miles Traveled:
Appointment Reason circle One:	Routine Follow-Up	Pharmacy Appointment Da	ate:06/27/2025

ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR

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Appointment Reason Circle One: Routine Follow-Up



ALL FIELDS ARE REQUIRED	FACILITY STAMPS ARE ACCEPTED
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DAT OTTES BROKERAGE	Member's Name:	Saravana Balakrishnan
	Member's Date of Birth:	03/11/1981
AdvancedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed):ADAPT	Authorizing Signature:	
Appointment Office Address: 400 N Virgin	nia Ave, Suite 201, North Bend	, OR
Patient's Appointment Time: 09:00 AM	Completed Time: 12:00 PM	Miles Traveled:
Annointment Reason Girds One. Routine Follow-Up	o Pharmacy Appointment Date	06/27/2025

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BCB BAY CITIES B	ROKERAGE	*ALL FIELDS ARE REQUIRED* Member's Name:	FACILITY STAMPS ARE ACCEPTED Saravana Balakrishnan
		Member's Date of Birth:	03/11/1981
Advar	ncedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed): _	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virgin	ia Ave, Suite 201, North Bei	nd, OR
Patient's Appointment Time:	04:30 PM	05:30 PM Completed Time:	Miles Traveled:
Appointment Reason circle One:	Routine Follow-Up	Pharmacy Appointment Da	te:06/26/2025

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Appointment Reason Circle One: Routine Follow-Up



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		Member's Name:	Saravana Balakrishnan
		Member's Date of Birth:	03/11/1981
Advanc	edHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed):	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virginia	Ave, Suite 201, North Bend	d, OR
Patient's Appointment Time:	09:00 AM _{Co}	mpleted Time: 12:00 PM	Miles Traveled:

Appointment Date: 06/25/2025

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Pharmacv

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		Member's Date of Birth:	03/11/1981
Advar	ncedHealth	Medicaid ID Number:	WV501U9V
Authorized Party (Printed): _	ADAPT	Authorizing Signature:	
Appointment Office Address:	400 N Virgin	ia Ave, Suite 201, North Be	nd, OR
Patient's Appointment Time:	03:00 PM	04:00 PM Completed Time:	Miles Traveled:
Appointment Reason Circle One:	Routine Follow-Up	Pharmacy Appointment Da	ate:06/24/2025

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Appointment Reason Circle One: Routine Follow-Up



ALL FIELDS ARE REQUIRED FACILITY S	STAMPS ARE ACCEPTED
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BCB BAY CITIES BRUKERAGE	Member's Name:	Saravana Balakrishnan			
	Member's Date of Birth:	03/11/1981			
AdvancedHealth	Medicaid ID Number:	WV501U9V			
Authorized Party (Printed):ADAPT	Authorizing Signature:				
Appointment Office Address: 400 N Virginia	400 N Virginia Ave, Suite 201, North Bend, OR				
Patient's Appointment Time: 09:00 AM Com	npleted Time: 12:00 PM	Miles Traveled:			
Appointment Reason Routine Follow-Up	Pharmacy Appointment Date:	06/23/2025			

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TRIPS TO THE EMERGENCY ROOM ARE NOT AUTHORIZED

			Cut Her	°P		
BCB BAY CITIES B				ARE REQUIRED*		_
			Member's	Date of Birth:		_
Advar	ncedH	ealth	Medicaid I	D Number:		_
Authorized Party (Printed): _			Authorizin	g Signature:		_
Appointment Office Address:						_
Patient's Appointment Time:	Completed Time:		Miles Traveled:	_		
Appointment Reason circle One:	Routine	Follow-Up	Pharmacy	Appointment Da	ate:	

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