

Self-Transport Reimbursement Program

This form must be complete and submitted to Capstone within 30 days of your appointment. Incomplete forms will not be processed for reimbursement.

Proof of Appointment must be submitted with this form.

Member Name: _____

Member ID#: _____

Type of appointment:

___ PCP (Primary Care Physician)

___ Specialist (*medical prior auth required*)

___ CRS (Children's Rehabilitative Services)

___ Dental (*medical prior auth required for age 21 and over*)

___ Vision (*medical prior auth required for age 21 and over*)

___ Other; Please Describe: _____

Date of Travel: _____

Appointment Time: _____

Traveled From City: _____

Traveled To City: _____

Starting Mileage: _____

Ending Mileage: _____

___ Round Trip or ___ One Way

___ Day Trip or ___ Over Night - Hotel

___ Over Night - Stayed with friends or family

Reimbursement Rates:

Mileage: .375/mile - **Minimum 30 miles traveled per trip**

Lodging: Requires prior authorization and a receipt.

Free at the following locations:

Aspen Inn Suites - 928-774-7356

1008 E. Route 66 - Flagstaff, AZ 86001

**Ronald McDonald House – 2 locations in Phoenix
877-333-2978 or 602-264-2654**

501 E Roanoke Ave or Phoenix Children's Hospital
Phoenix, AZ 85004

(Ronald McDonald requires a \$20 refundable deposit.)

Other Lodging: \$50.00/night – **Maximum 30 nights/year**

Meals: \$30/day – **Only when overnight stay is approved**

Check will be issued to Driver:

Name: _____

SS# or TIN#: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

For Questions or Authorization please call:

(928) 779-2113 or (800) 336-3874

Mail or fax completed form to:

Capstone Health Plan, Inc.

914 N. San Francisco Street Suite A

Flagstaff, Arizona 86001

Fax: (928) 226-0933

Notes from you to Capstone:

1. By submitting this reimbursement request you are confirming that you have a valid Arizona driver's license and required minimum automobile insurance required for the State of Arizona.
2. Capstone may request proof of license and insurance.
3. By submitting this reimbursement request, you are stating that you have not received payment from any other insurance or governmental agency nor do you expect to receive a duplicate (full or partial) payment from another source for this reimbursement made by Capstone Health Plan.
4. **IRS mandates the individual receiving reimbursement provide their social security number. Please be sure to include your social security number in order to receive payment. All information is confidential.**

Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
 U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,