

**PLEASE READ AND VERIFY ALL ARE UNDERSTOOD PRIOR TO APPLYING FOR UMPQUA HEALTH ALLIANCE YMCA FITNESS MEMBERSHIP**

UHA has contracted with the YMCA for Fitness Memberships. Please go to the YMCA directly to receive this service. If 18 or older you must have a current Oregon DMV issued photo ID with a current physical address and mail showing proof of address. Please also bring your UHA Member ID card (if available). You cannot have been convicted of a sexual offense. **Below are UHA coverage conditions please read and initial.**

**Primary Member Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I understand that all other resources for payment must be exhausted prior to the approval of a flexible spending request through UHA. Including but not limited to employer benefits, other insurance benefits such as Atrio Flex Card. The ability to private pay. I acknowledge that I do not have other payment options available to me.

**READ and Initial** \_\_\_\_\_

- If approved, your coverage will be for three (3) months at a time. This may include the initial prorated month when applicable. I understand.

**READ and Initial** \_\_\_\_\_

- You must attend at least 8 times per month for UHA to pay for ongoing membership. At the end of your 3-month period your membership will auto renew if you have used it at least 8 times a month and still have UHA coverage. If you are experiencing a hardship meeting this requirement, you must contact the YMCA at the contact information below. Please include the reason for the absence. I understand.

**READ and Initial** \_\_\_\_\_

- You must follow all policies and guidelines of membership to remain a member. Your membership can be terminated at any time if the YMCA determines a violation of their policies has occurred. I understand.

**READ and Initial** \_\_\_\_\_

- The YMCA will confirm your health plan eligibility before you can be approved for YMCA membership. If your UHA coverage ends, you will be responsible for your YMCA membership payments. I understand.

**READ and Initial** \_\_\_\_\_





Umpqua Health Alliance (UHA)
Health-Related Services
Flexible Spending Request Form – YMCA

YMCA STAFF USE ONLY:

Membership Type: \_\_\_\_\_
YMCA MID: \_\_\_\_\_
Join Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
YMCA Staff initial: \_\_\_\_\_

Please complete this form (including the HRA) and return to the YMCA. You will also need your photo ID and UHA Member ID card.

Member Information

Table with 4 columns: Member name, Member ID, Date of birth, Address, Phone number, Email

Request Details

What membership plan are you needing?

- Senior (age 60+)
Adult (ages 26-59)
Young adult (ages 19-25)
Teen (ages 13-18)
Youth (If a child, ages 0-12, has UHA coverage but the family does not, a qualifying guardian may be authorized on the membership to use with the child. Children ages 0-12 must be with an adult at all times.
Family (One or two adults in a domestic partnership and their dependent children up to age of 18 (or 23 if a full-time student living at the same address).
Senior family
Child Watch services (for use only while adult is using the facility). See membership for more details. This is by reservation only. There is limited space and times available.

To receive this service or item, you must have a medical need or condition that keeps you from getting this without help. This could be a condition like asthma, COPD, a heart condition, or substance use disorder. What condition(s) do you have that requires that you to need this service?

UHA must be the payer of last resort. You must have tried all other options before UHA can cover your request. This can be wellness coverage from your work or other health care coverage like Atrio. What other resources have you tried and what were the outcomes?

Do you have other family members that you live with also attending the YMCA? If so, who?

I allow UHA, and its partners (YMCA) to share personal health information (PHI) for health-related services requested on this form in order to check eligibility and make payments.

Member signature

Date

### Coverage Conditions

- All resources for payment must be exhausted prior to the approval of a flexible spending request through UHA. This must be supported in form.
- If approved, your coverage will be for three (3) months at a time. This may include the initial prorated month when applicable.
- **You must attend at least 8 times per month** for UHA to pay for ongoing membership. At the end of your 3-month period your membership will auto renew if you have used it at least 8 times a month and still have UHA coverage. If you are experiencing a hardship meeting this requirement, you must contact the YMCA at the contact information below during the month it occurred. You must explain the reason you were not able to attend. You will not get more than one exception if approved.
- If you were denied YMCA services, you will need to wait one year before you can ask us to cover it again. You will need to send in your request to UHA for review.
- You must follow all policies and guidelines of membership to remain a member. Your membership can be terminated at any time if the YMCA determines violation of their policies has occurred.
- The YMCA will confirm your health plan eligibility before you can be approved for YMCA membership. If your UHA coverage ends, you will be responsible for your YMCA membership payments.

If you have any questions about this process or service, please contact YMCA Member Services at 541-440-9622, Monday to Friday 8am to 7pm. You can also email [agries@ymcaofdouglascounty.com](mailto:agries@ymcaofdouglascounty.com). You can also reach out to UHA at 541-229-4842. You can also reach UHA at [flexspending@Umpquahealth.com](mailto:flexspending@Umpquahealth.com).

**We can provide help at no cost to you. If you need another language, large print, Braille, CD, tape or another format, or an interpreter, call UHA Customer Care at 541-229-4842; Toll Free: 866-672-1551; TTY: 541-440-6304 or 711, Monday to Friday 8am to 5pm.**

**Puede obtener esta carta en otro idioma, formato, letra grande o servicios de interpretación sin costo para usted. Llame al 541- 229-4842 (TTY 711).**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA Unit ID#: \_\_\_\_\_

# YMCA OF DOUGLAS COUNTY

## Umpqua Health Alliance Member Enrollment Form

### Primary Applicant Information (Print Clearly)

**UHA#** \_\_\_\_\_

Photo ID copied Yes/No \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender** M / F / Other \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **Apt#** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** ( ) \_\_\_\_\_ - \_\_\_\_\_

*Mailing address if different than physical address*

**Mailing Address** \_\_\_\_\_ **Apt#** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency contact: First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Phone Number** ( ) \_\_\_\_\_ - \_\_\_\_\_

### Adult #2

<b>Full Name (First, MI, Last)</b>	<b>Photo ID copied Yes/ No</b>	<b>Gender</b>	<b>DOB</b>	<b>UHA #</b>
_____	_____	M / F / Other ____	____/____/____	_____

<b>Dependent(s) Full Name (First, MI, Last)</b>	<b>Gender</b>	<b>DOB</b>	<b>UHA #</b>
_____	M / F / Other ____	____/____/____	_____

_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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<b>Personal Support Worker or Caregiver (First, MI, Last)</b>	<b>Gender</b>	<b>DOB</b>	<b>ID Verified</b>
_____	M / F / Other ____	____/____/____	_____

_____	M / F / Other ____	____/____/____	_____
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_____	M / F / Other ____	____/____/____	_____
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By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the YMCA of Douglas County Code of Conduct. I understand that the YMCA expects all participants to act appropriately while in the facility or participating in Y programs. Any conduct deemed by staff to be inappropriate, threatening, or offensive may result in suspension from use of the facility. I have received and agree all items as well as the release of liability/ participation/indemnification as listed on the Conditions of Membership Program and Facility Usage. **I acknowledge that it is the policy of the YMCA of Douglas County to deny membership to any individual convicted of a sexual offense and that the YMCA will check its membership records for convictions.**

Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE?  Yes  No

Signature of applicant **AND** Guardian if under the age of 18

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office Use Only**

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Membership Type \_\_\_\_\_

**Join Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Staff Initial** \_\_\_\_\_

**Restart** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Staff Initial UHA reverified as active :** \_\_\_\_\_

Photo(s) taken  Cards  UHA Form sent to UHA \_\_\_\_\_

**Comment:** \_\_\_\_\_





# YMCA of Douglas County Policies & Guidelines

## Conditions of Membership, Program and Facility Usage

### WELCOME TO THE YMCA OF DOUGLAS COUNTY

#### YMCA Mission: We build strong kids, strong families, strong communities

Thank you for your Member Enrollment, Guest Participant or Program Application. Your facility access is granted conditionally, based upon the policies and procedures of our YMCA. If your application is denied for any reason you will be notified immediately and your facility access will be discontinued immediately. If the conditions of membership or facility access are violated at anytime during your enrollment you will be notified of the violation and possible suspension/termination of membership or facility access. The Y understands that circumstances and situations for some may warrant an interview with the Membership Services staff or CEO to discuss your personal situation. This may be requested by contacting the Member Services Department.

### YMCA FACILITY ACCESS

All persons 18+ requesting facility access are required to produce a DMV issued photo ID with a current verifiable physical address. The Y may request proof of address via current mail matching the photo ID. All persons entering the facility must check in with an approved facility access point. All persons accessing the facility are required to have photo ID on file in the current YMCA member software program.

### IDENTIFICATION/MEMBER PROTECTION POLICY

The YMCA makes the safety of our children and members a top priority. In order to provide a safe and positive experience for the youth of our community, the following guidelines related to facility use by YMCA members and guests will apply. These guidelines apply to YMCA facilities and may vary from other YMCA program venues such as off site locations, outdoor facilities, Y programs and camps. "Supervising individuals/guardian" are defined as persons 18 years or older. The following general guidelines apply to all youth who are not participating in a supervised, structured program while in the facility, therefore all persons entering the full facility while participating or observing a Y programs will be asked to have a member or participant enrollment form on file and a photo ID on file in the current YMCA member software program. All persons 18+ requesting facility access are required to produce a DMV issued photo ID with a current verifiable physical address. The Y may request proof of address via current mail matching the photo ID. This information will be checked with the National Sex Offender Database. No person convicted of a Sexual Offense are allowed facility access to the YMCA or it's programs.

### PHOTO ID/MEMBERSHIP CARDS

In an effort to provide a safe place for your family, all persons entering the facility must have a photo ID on file. All members and program participants are issued a facility access barcode card. You are required to scan your barcode when accessing the facility. Your card may be stored on your electronic device. You may purchase a new card if lost at any time for a fee of \$1. ID cards that are damaged will be replaced at not cost. You may also request it be send to you electronically or access it by logging into your YMCA account.

### THEFT PROTECTION

The Y encourages all members to lock their valuables brought into the facility at the Welcome Desk or in courtesy lockers. If you prefer to lock your items in a locker, it is strongly encourage the use of a lock or use combination lockers. Locks are available for your use based on availability. Lockers are DAY USE ONLY, to be used while in a YMCA program. No overnight accommodations available. Items left in a locker overnight will be placed in lost in found. Item's not claimed in two weeks will be donated to charity. Although the YMCA is not responsible for lost or stolen items, the YMCA does attempt to prevent theft through the use of a surveillance system both inside and outside the facility and will work in conjunction with the Roseburg and Douglas County Police Departments to help bring crime to justice.

### FACILITY AGE GUIDELINES

Youth ages 0-12 must remain with a parent or guardian age 18+ until signed into a YMCA approved program at all times. Parent or guardian must also sign that child out of the program. If YMCA staff determines that a child is unable to follow simple rules or has special needs beyond reasonable accommodations, a parent or guardian will be notified. See age specific age guidelines as they may have more strict age limitations. Failure to follow the unattended youth policy may result in suspension or termination of membership privileges.

### CODE OF CONDUCT: CARING, HONESTY, RESPECT, AND RESPONSIBILITY

The YMCA of Douglas County is committed to providing a safe and welcoming environment for all members and guests. To promote safety for all, the Y asks individuals to act appropriately at all times when in our facility or participating in YMCA programs. The Y expect persons using the facility to behave in a mature and responsible way and to respect the rights and dignity of others.

- Show respect and wear appropriate attire and jewelry. Cover inappropriate tattoos while on YMCA property or attending YMCA programs.
- Use of cell phones prohibited while in locker rooms. Photographs or video/audio recordings of any kind are prohibited while on YMCA property or attending YMCA programs without permission.
- Show others you care by avoiding physical contact in any angry, threatening or sexual way.
- Be respectful and do not use harassment or intimidation by words, gestures, body language, vulgar or angry language including name calling or any other menacing or bullying behavior. This includes but is not limited to social media or other electronic communication and treatment of staff members.
- Do not steal or destroy property.
- Be responsible for yourself and do not carry, use, or conceal any weapons, illegal drugs, alcohol, and tobacco while on the YMCA property or while attending a YMCA program.

In order to be able to carry out these policies, the Y asks that members and guests identify themselves to staff when asked. Members and guests should not hesitate to notify a staff person if assistance is needed.

### BEING A PRODUCTIVE YMCA MEMBER

The YMCA asks that you respect the rights of others by using courteous and appropriate behavior. Profanity is not allowed. Please follow the Y values of Caring, Honesty, Respect and Responsibility to govern behavior. Consult our Code of Conduct above for a more detailed description.

1. Use your membership productively. Our Y is not designed for sleeping or loitering. If you are needing assistance finding activities or a new challenge please see the membership desk staff to help you find a class or activity that might fit your needs.
2. A safe and clean environment is important for all. Respect yourself and others by having clean hygiene, non offensive odors or soiled clothing. Washing clothes is prohibited at the YMCA.
3. Respect others' time. Limit showers to 10 minutes. During busy times or when people are waiting, please limit use of the cardio equipment to 30 minutes.
4. If you need assistance to use our services caregivers and PSWs are welcomed and encouraged with approval. Please remember YMCA employees are not trained to provide personal care assistance. The YMCA mechanical pool chair lift will be operated by a YMCA employee, however if you are needing lift assistance please bring in a caregiver trained to assist you. Caregivers are not to use the facility for personal use.
5. Mobility devices and ADA Service animals are welcome throughout the facility and the pool deck but not in the pool. The Americans with Disabilities Act (ADA) defines a service animal as one that is individually trained to do work or perform tasks for a person with a disability. Dogs or therapy animals whose function is to provide comfort or emotional support do not qualify as service animals according to the ADA, even with a doctor's note.
6. The YMCA is a smoke, illegal drug, alcohol and tobacco free campus. This includes but is not limited to vaping, and any THC products.
7. Your safety is our top priority. Members under the influence of intoxicants are not permitted in the facility. No persons convicted of a sexual offense are permitted on the premises. See our full Policies and Guidelines for more information.

**Update your contact information regularly. The Y is required to know your contact information for billing/safety requirements or emergencies. Please help us keep your information current.**

## **ADA ACCOMMODATIONS**

The YMCA strives for ADA compliance. If you have a disability, need further assistance/accommodations or more information on our services, please contact member services.

## **UNATTENDED YOUTH POLICY (AREA SPECIFIC)**

No Drop offs. All members and program participants must follow our unattended youth policy. Specific areas throughout the facility may have age specific signage that must be followed.

## **FAMILY SWIM (WHEN ON POOL SCHEDULE)**

During Family Swim: Youth 13 or under must have an adult 18+ in the pool with them.

- Hot Tubs 16+
- Sauna and Steam Room 18+

## **LOCKER/SHOWER FACILITIES (ADULT/YOUTH)**

Children 5 years old and older must use gender appropriate locker rooms or family locker rooms with a guardian. No bullying, rough housing or fighting or standing on benches. Please see posted rules inside the locker room for a complete list of rules in full detail. Per Code of Conduct, use of cell phones prohibited while in locker rooms. Photographs or video/audio recordings of any kind are prohibited while on YMCA property or attending YMCA programs without permission.

## **WEIGHT/CARDIO ROOMS AGE GUIDELINES**

Youth ages 8-12 may request a family fitness orientation and utilize these areas with a family member who attends the training with them. Youth age 13-15 may use these areas without supervision after completing an orientation with YMCA Healthy Living Staff (schedule orientation at the membership desk). No age restrictions 16+.

## **EXERCISE CLASSES AGE GUIDELINES**

Youth ages 8-12 may participate in classes with a supervising individual if they are willing and able to follow the class structure. Children are not permitted to sit at the back of the room or outside a program door. Not all classes are youth friendly speak to the class instructor or Healthy Living Director for approval.

## **YOUTH SPACE AGE GUIDELINES**

Youth Space designed for age 13-19. Youth under 13 may participate in youth space with a supervising guardian and approval from the Youth Space attendant.

## **CANCELLATIONS OR CHANGES TO FULL PAY MEMBERSHIPS**

The Y recognizes that there may be circumstances under which a member may need to cancel, make changes to their membership, or need to take leave of absence (HOLD). A membership will continue to remain active until the YMCA is notified by the last business day of the current month and will be cancelled or changed effective on the 1st day of the next month, including in the event of closures beyond the YMCAs control such as weather or a pandemic. A leave of absence will be granted with a two-month minimum and a four month maximum. A \$20 hold fee will be applied. Dues will automatically resume at the conclusion of the hold. Due to the wide variety of ways in which persons may attempt to cancel or make changes to their membership, requests often do not reach the office, be it human or electronic error, therefore all cancellations will receive a confirmation number and all changes must be signed in person or by email. Those claiming they have cancelled without a confirmation number who are still incurring charges will be held responsible for the charges incurred. Cancellations to annual payment plans will be refunded the remaining months of the membership dues paid at the beginning of the next billed month. Joining fees are non refundable. Members who remain cancelled for longer than one month must repay the joining fee when reinstating. Cancellations may be made online at [ymcaofdouglascounty.org/cancelrequest](http://ymcaofdouglascounty.org/cancelrequest) by the last day of the month

## **SPONSORED MEMBERSHIP CANCELLATIONS**

If you wish to make changes or cancel your sponsored membership, contact the financial assistance associate. Cancellations may be made online at [ymcaofdouglascounty.org/cancelrequest](http://ymcaofdouglascounty.org/cancelrequest) by the last day of the month.

## **INSURANCE PAID MEMBERSHIPS**

Once approved for health related services the member must follow all requirements of their policy benefits in order for continued coverage and must notify the YMCA of any changes.

## **REFUND POLICY/RETURNED CHECKS & DECLINED CHARGES**

All schedules, activities, class fees and staff may be changed or cancelled by the YMCA without notice. If the YMCA cancels a program that has a fee, a full refund will be issued. For further refund questions contact the Membership office or Program Director. The YMCA reserves the right to charge a \$50 service fee on all returned checks, electronic fund transfers and declined recurring credit charges. All declined Credit or Debit cards will be reran for collection attempt with no additional charge.

## **SAFETY FOR ALL**

Increased screening tools are necessary for all membership types to assure the safety of our members and program participants.

The following is required for those 18+ to become a member of the YMCA of Douglas County. This is required for the Y to maintain our nationwide membership status so that we may cross reference the nationwide sex offender database.

We require a current DMV issued ID with a current verifiable physical address on the ID. We may require additional proof of a verifiable physical address. Acceptable proof must be able to answer yes to the following questions.

- a. Can the Y send mail directly to you, not a third party?
- b. Is this address current and valid in a national database?
- c. Will law enforcement be able to find you for legal or emergency purposes?

## **CELL PHONE AND CAMERA POLICY**

Use of cell phones prohibited while in locker rooms. Photographs or video/audio recordings of any kind are prohibited while on YMCA property or attending YMCA programs without permission. Area specific restrictions may apply.

## **MEMBER GUESTS PRIVILEGES**

Auto renewing membership types receive a limited number of guest passes a year. No passes for group or invoiced memberships. All members age 18+ may bring a guest for \$8 per person. Members are responsible for the behavior of their guest and must be with them at time of check-in. Limit of 2 guests per membership per day for all types.

## **RELEASE OF LIABILITY/PARTICIPATION/INDEMNIFICATION**

In consideration for being permitted to utilize the facilities, services, and programs of the Central Douglas County Family YMCA (doing business as the YMCA of Douglas County and referred to in this document as the YMCA) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the under-signed, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or other-wise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. I also give my permission to the YMCA to use, without limitation or obligation, photographs or other media that may include the participant's image or voice to promote or interpret YMCA programs. I support the YMCA philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership. I hereby certify that the participant is in normal health and capable of participation in this YMCA program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry health or accident insurance for its members or participants. All expenses incurred in the treatment of injuries due to accident or illness will be the responsibility of the adult participant or the minor participant's parents/guardians.





BAY CITIES BROKERAGE

# Gas Mileage Reimbursement (GMR) Form



## ALL REIMBURSEMENT REQUESTS MUST HAVE PRIOR AUTHORIZATION I OAR 410-136-3240

GMR is for when you are wanting to get money back for your non-emergent medical transportation. Please complete this form and return the original form via mail to Bay Cities Brokerage, 3505 Ocean Blvd SE. Coos Bay, OR 97420. Or you can drop it off at 1290 NE Cedar St. Roseburg, OR 97470. This must be sent within 45 days from the appointment or it will not be approved. Upon receipt, please allow 30 days for processing.

For out-of-town appointments, members MUST schedule in advance of the appointment and BCB must be able to verify the appointment, or the request will not be authorized. Copies of this blank form is allowed. Please contact Bay Cities Brokerage if you have questions about this form or the submission process at 877-324-8109.

Member Name: \_\_\_\_\_ UHA ID #: \_\_\_\_\_  
 Member DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Trip Date:	Trip Time:	Trip Time Completed:	
Facility Name:			
Facility Address:		City:	Zip:
Facility Phone:			
Signature of Provider Seen or Office Representative:		Printed Name:	Date Signed:
Trip Reason:			
<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Pharmacy	

I have completed this form and I verify that the information on this form is true.	
Member Signature:	Printed Name:

Get this information in any language or format for free. All interpretation services are free. Call 541-229-4842 (TTY 711).

Obtenga esta información de forma gratuita en cualquier idioma o formato. Todos los servicios de interpretación son gratuitos. Llame al 541-229-4842 (TTY 711).

# Gas Mileage Reimbursement (GMR) Form

Trip Date:	Trip Time:	Trip Time Completed:
Facility Name:		
Facility Address:	City:	Zip:
Facility Phone:		
Signature of Provider Seen or Office Representative:	Printed Name:	Date Signed:
Trip Reason:		
<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Pharmacy
Trip Date:	Trip Time:	Trip Time Completed:
Facility Name:		
Facility Address:	City:	Zip:
Facility Phone:		
Signature of Provider Seen or Office Representative:	Printed Name:	Date Signed:
Trip Reason:		
<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Pharmacy
Trip Date:	Trip Time:	Trip Time Completed:
Facility Name:		
Facility Address:	City:	Zip:
Facility Phone:		
Signature of Provider Seen or Office Representative:	Printed Name:	Date Signed:
Trip Reason:		
<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Pharmacy
Trip Date:	Trip Time:	Trip Time Completed:
Facility Name:		
Facility Address:	City:	Zip:
Facility Phone:		
Signature of Provider Seen or Office Representative:	Printed Name:	Date Signed:
Trip Reason:		
<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Pharmacy

Get this information in any language or format for free. All interpretation services are free. Call 541-229-4842 (TTY 711).

Obtenga esta información de forma gratuita en cualquier idioma o formato. Todos los servicios de interpretación son gratuitos. Llame al 541-229-4842 (TTY 711).