



Ashtabula County Job & Family Services

Patrick J. Arcaro, Executive Director

ACTS Toll Free Ph: 1-800-445-4140 Fax: 440-994-2041	OhioMeansJobs Ph: 440-994-1234 Fax: 440-992-7826	Social Services / Child Care Ph: 440-998-1110 Fax: 440-998-1538	Financial / Medical Asst. Services Ph: 440-998-1110 Fax: 440-998-1538	Fraud Hot-Line Enforcement Ph: 440-998-1110 Fax: 440-998-1538	Nursing Home Services Ph: 440-998-1110 Fax: 440-998-1538	Child Support Enforcement Ph: 440-994-1212 Fax: 440-998-1538
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APPOINTMENT VERIFICATION FORM FOR THE NET PROGRAM

CONSUMER INFORMATION:

Case Name: _____ SS# _____ Patient name: _____

Address: _____

City: _____ State: _____ Phone: _____

CONSUMER RELEASE OF INFORMATION:

I, _____ give _____ permission to release the
 (Medicaid recipient name) (Name of the Doctor and the Medical facility)
 information above to Ashtabula County Job & Family Services as verification for my participation in the NET program. We are NOT requesting personal case information, only verification of the appointment information listed below.

_____ Own Vehicle Other Vehicle
 Customer Signature Date

Appointment dates: (Separate form for each provider) Mileage for ER visits are not eligible for reimbursement. This section must be completed, or the form will be returned:

Date of appointment: _____ Time: _____ Date of appointment: _____ Time: _____

Date of appointment: _____ Time: _____ Date of appointment: _____ Time: _____

Date of appointment: _____ Time: _____ Date of appointment: _____ Time: _____

Date of appointment: _____ Time: _____ Date of appointment: _____ Time: _____

Provider/physician/office personnel must verify all appointments were attended and Medicaid billable (required for processing). Note: MUST BE SIGNED ON OR AFTER THE LAST APPOINTMENT DATE LISTED ABOVE.

 Name & title of person verifying this form Date Provider Name, Address, Phone

Is Medicaid going to be billed for this service? Yes No

This verification must be received by the agency within 30 days from the appointment date or the appointment will be denied. Please call 440.994.1220 with questions. Job & Family Services will have up to 30 working days to issue a gas card for reimbursement & customers will be called when their gas card is ready. Forms found to be fraudulent will result in the customer losing the privilege of receiving gas cards and will only be eligible for transportation to appointments.

JFS Use Only:	Mileage per visit	#	Trips = total Mileage
Date contacted: _____	Vm _____ Contacted _____	Alternate p.u. info: _____	Requires follow-up: _____
Staff Initials: _____	n/a _____ Disconnected _____		Send to filing: _____

2924 Donahoe Dr., Ashtabula, OH 44004
 E-mail: ashtabula-verifications@jfs.ohio.gov
 Toll Free: (800) 935-0242
 Fax: (440) 998-1538