



**GOBHI TRANSPORTATION SERVICES
REIMBURSEMENT PAYEE LETTER**

I _____ GIVE PERMISSION TO GOBHI TRANSPORTATION SERVICES TO
REIMBURSE _____ FOR THE TRAVEL TO MY MEDICAL APPOINTMENTS.

TODAYS DATE _____

TODAYS DATE _____

MEMBER NAME _____

PAYEE NAME _____

MEMBER SIGNATURE _____

PAYEE SIGNATURE _____