



County of Lackawanna Transit System

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LACKAWANNA COUNTY MEDICAL ASSISTANCED TRANSPORTATION

REIMBURSEMENT AGREEMENT

I, X \_\_\_\_\_ consent to the terms of this agreement - which I have used this service only under the conditions of the Medical Assistance Transportation Programs' policy for mileage reimbursement as stated in the guidelines - and that I have not ridden with anyone else who is also seeking mileage reimbursement for the same MATP service.

Whereas, any claim that is made to the Medical Assistance Transportation Program for Reimbursement is done within the regulations written by the Department of Public Welfare, and in no way am I seeking dual reimbursement for the said trips.

I understand this statement fully, and with my signature I am agreeing to the terms of this document.

Signed X \_\_\_\_\_ on this date \_\_\_\_\_