



NON-EMERGENCY TRANSPORTATION VOUCHER
Kutztown Area Transport Service Inc. 610-683-3012

Date: _____
 Student's Name: _____
 KU ID No.: _____ DOB: _____
 Student's Cell No.: _____
 Nurse's Name: _____
 Nurse's Signature: _____
 Driver's Name: _____
 Driver's Signature: _____

I _____
(Student's Signature) give permission for the charge determined below based on mileage to be added to MYKU student account for today's non-emergency transport. Due date will be visible in MyKU when the charge is posted. Late fees, account access and restrictions may be applied if charges are not paid by the due date.

<u>Transport Date & Time</u>	<u>Please indicate the Type of Vehicle Used</u>	<u>Please indicate the ONE WAY Transport Destination went to:</u>	<u>Loaded Mileage</u>	<u>Estimated Charge</u>
	<input type="checkbox"/> KATS Vehicle \$10.00 <input type="checkbox"/> W/C Van \$40.00	Other: _____ _____ <input type="checkbox"/> Cedar Crest Emergency Center _____ 1101 S Cedar Crest Blvd _____ Allentown PA 18103 <input type="checkbox"/> Concern _____ 1 West Main Street _____ Fleetwood PA 19522 <input type="checkbox"/> LHVN Express Care _____ 4815 W Tilghman St _____ Allentown PA 18104 <input type="checkbox"/> Health Center at Moselem Springs _____ 14351 Kutztown Road _____ Fleetwood PA 19522 <input type="checkbox"/> Lehigh Valley Health Network _____ 401 N 17th St & Chew _____ Allentown PA 18104 <input type="checkbox"/> Lehigh Valley Health Network _____ 1200 S Cedar Crest Blvd I-78 _____ Allentown PA 18105 <input type="checkbox"/> LVHN Muhlenburg _____ 2545 Schoenersville Rd _____ Bethlehem PA 18017 <input type="checkbox"/> Patient First _____ 3178 Tilghman St _____ Allentown PA 18104 <input type="checkbox"/> Patient First _____ 2600 Paper Mill Rd _____ Wyomissing PA 19610 <input type="checkbox"/> Reading Hospital Medical Center _____ 6th Ave & Spruce St _____ Reading PA 19611 <input type="checkbox"/> St Joseph's Health Network Maiden creek _____ 108 Plaza Dr Suite 101 _____ Blandon PA 19510 <input type="checkbox"/> St Joseph's Hospital _____ 2500 Bernville Road _____ Reading PA 19605 <input type="checkbox"/> St Luke's Allentown Campus _____ 1736 Hamilton St _____ Allentown PA 18104 <input type="checkbox"/> St Luke's Care Now _____ 501 Cetronia Road _____ Allentown PA 18104	_____ _____ <u>16.4</u> <u>6.2</u> <u>14.4</u> <u>3.3</u> <u>18.3</u> <u>16.</u> <u>23.8</u> <u>16.6</u> <u>17.5</u> <u>19.6</u> <u>7.1</u> <u>14.8</u> <u>17.8</u> <u>14.7</u>	_____ _____ <u>\$65.60</u> <u>\$24.80</u> <u>\$57.60</u> <u>\$13.20</u> <u>\$73.20</u> <u>\$64.00</u> <u>\$95.20</u> <u>\$66.40</u> <u>\$70.00</u> <u>\$78.40</u> <u>\$28.40</u> <u>\$59.20</u> <u>\$71.20</u> <u>\$58.80</u>

Kutztown Area Transports Service Inc. Copy = White

Kutztown University Clinical Services Copy = Yellow

Student Copy = Pink