



3505 Lake Lynda Drive Orlando, FL 32817 Tel: 855-468-4260 Email: Support@gothamshuttle.com

Gotham Shuttle Service

Subject: Claim for transportation service provided by Gotham Shuttle Service

Dear

My patient, _____ required transportation in order to receive Medical / Chiropractic care. We contracted Vehicular Transportation Service through GSS SL INC. dba Gotham Shuttle Service, Tax id:

With this, I would like to ask that you reimburse me for the amount that I had to pay for the transportation provided. I have attached the invoice and are hoping to hear back from you or get results regarding this request of mine within the week. Please reference the **CPT code 99082**.

Thank you for your time and effort.

Sincerely,