



MILEAGE REIMBURSEMENT TRIP LOG AND INVOICE

Mail to: LogistiCare, 798 Park Ave, NW, Norton, VA 24273

Fax: 866-528-0462

DRIVER NAME: _____

RELATIONSHIP TO MEMBER: _____

DRIVER MAILING ADDRESS: _____

DRIVER PHONE #: _____

CITY/STATE/ZIP: _____

DRIVER'S LICENSE # _____

MEMBER ID #: _____ I, _____, by submitting this driver log do affirmatively certify I have a current, valid and unrestricted Virginia driver's license; that the vehicle used to perform the services has passed an annual inspection by the Commonwealth, and that the vehicle is currently and properly registered and insured pursuant to the laws and regulations of the Commonwealth of Virginia

IS TRIP A STANDING ORDER? Y N IF YES, CIRCLE THE DAYS TRAVELED WEEKLY: S M T W T F S

Table with 5 columns: Trip Date, Trip/Job #, Provider Name & Phone #, Physician/Clinician Signature*, Total Miles. Each row contains fields for Name and Phone #.

*Each date of service must have a physician or clinician signature in order for reimbursement to be approved.

NOTE: Each trip will be confirmed with the physician's office before payments will be made.

Summary box containing: Do not write in this space. Total mileage to be paid: _____ Total amount for this invoice: _____ Batch #: _____ Batch date: _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON TRANSPORTED **All Appointments need to be Scheduled before the trip / appointment occurs**

I hereby certify the information contained herein is true, correct and accurate. I have also received, read and agreed to the gas reimbursement guidelines.

Member Name (Please Print): _____ Member Signature: _____

MILEAGE REIMBURSEMENT PROCEDURE

In order for the driver to be reimbursed, the driver will need to complete the following information on the mileage reimbursement trip logs:

- Driver Name—name of person driving
- Driver Mailing Address— address, city, state and zip code (this is where the mileage reimbursement check will be mailed)
- Driver Relationship to Member—Example: friend, neighbor or relative
- Driver Telephone Number—telephone number of the person driving
- Driver's License Number —license number of the driver
- Driver Signature—driver must sign the statement on the form certifying that all requirements (driver and vehicle) meet the laws and regulations of the Commonwealth of Virginia
- Member Name—name of the Medicaid Member
- Member's Medicaid Number—member's ID number as it appears on his/her Medicaid card
- Circle Yes or No as to whether or not this is a standing order appointment. If yes, circle the days traveled weekly (Gas Reimbursement standing orders must be requested by a facility representative.)
- Trip Date—document the date of the appointment
- Trip/Job Number — document the reference number given when scheduling the mileage reimbursement trip request
- Facility/Medical Provider Name & Phone No.—document the name and phone number of the treating facility/doctor the member is scheduled to see.
- Physician/Clinician Signature—have the physician's office sign to verify attendance
- Total Miles—document the total miles of the trip from the Medicaid member's residence directly to the facility/doctor's office. The shortest distance will be verified and paid. (The mileage from the driver's residence to and from the Medicaid member's residence will not be reimbursed)
- Member Signature—at the bottom of the mileage reimbursement trip log, the member must sign their name, certifying that the information is true, correct and accurate. If the member is unable to sign, please document the following in the member's signature field: "unable to sign" LogistiCare must be notified the member is unable to sign when the reservation is scheduled.
- Mail completed mileage reimbursement trip log(s) to the address listed on top of the log (LogistiCare Mileage Reimbursement, 798 Park Ave, NW, Norton, VA 24273) or Fax the mileage reimbursement trip log(s) to 866-528-0462.

Once LogistiCare has received the mileage reimbursement trip log(s), all documented information will be verified by the Claims Department. After the completion of the verification process, payments will be issued based on the date that the claims department received the mileage reimbursement trip log(s). Payments are made based on the received date by the claims department. If you have questions regarding payment, please contact the claims department at 866-907-5186. If the mileage reimbursement trip log is not submitted properly, the request will be denied. Notification will be sent explaining the reason for the denial. Corrected mileage reimbursement trip logs can be resubmitted for payment.

The member or member's responsible party will need to call 866-386-8331 to schedule transportation for mileage reimbursement prior to the appointment. When scheduling mileage reimbursement trips, the member will need the physical address, telephone number and name of the treating physician or facility at which he/she has the appointment. Additionally the member will need the name, mailing address and telephone number of the person who will be driving (A customer service representative will need this information when scheduling the mileage reimbursement trip). The member will need to document the reference number that is given at the completion of the call. Mileage reimbursement trip logs will be mailed to the member. The member should notify the customer service representative when additional mileage reimbursement trip logs are needed.