



## Mileage Reimbursement Trip Log and Invoice Instructions

Dear beneficiary,

We have enclosed a blank reimbursement form with this letter along with instructions and a sample log for guidance. Feel free to make copies of the blank form for any future trips. You can also contact the ModivCare Reservation Line as well as visit ModivCare.com to obtain additional blank copies of the form.

### **Below outlines how to be reimbursed for mileage:**

1. When you call to schedule your trip, you will receive a trip number. This trip number is required on the reimbursement form. **Write down the trip number and date of your trip on the reimbursement form as soon as you get it from the ModivCare reservation specialist.** Forgetting to add this is a common mistake and will cause your reimbursement to be denied. Be sure to add it to your form before you forget!
2. You must fill out the entire form except for the space for "Physician/Clinician Signature".
3. Take the form with you to your medical appointment and have your doctor or counselor sign it. Your doctor or counselor should sign in the "Physician/Clinician Signature" space on the form. **Please note that your doctor/counselor must sign the form as proof that you were at your appointment.**
4. You can put up to seven trips on one form.
5. Please note that there can only be one driver on a form. You must complete and send a separate form for each of the people driving you to your medical appointments.
6. Once your form is complete, please send your form via mail, email or fax.

**Mail: 798 Park Avenue NW, Norton, VA 24273**

**Email: [Virginia.billingoperations@modivcare.com](mailto:Virginia.billingoperations@modivcare.com)**

**Fax: 866-528-0462**

7. The request for reimbursement is required on or before the day of the medical appointment, and the voucher must be received within 30 days or it may be denied. If you are listing more than one appointment, you must submit the completed form within 30 days from the earliest appointment shown.
8. Payment will be mailed within thirty (30) business days of the ModivCare Claims Department receiving your completed reimbursement form.

**If you have any questions, please call ModivCare Claims Department at 1-800-930-9060.**

Thank you,

Modivcare



# MILEAGE REIMBURSEMENT TRIP LOG AND INVOICE

## DRIVER INFORMATION

Driver's Name		Driver's Address (Street)		
Driver's License #	Driver's License State	City	State	Zip Code

## SIGNATURE OF DRIVER

I confirm by, sending this log to agree I have a current, valid, and open driver's license; that the vehicle used to perform services has passed all state tests and is currently state registered and insured according to the laws and regulations of the state to which is registered.

X \_\_\_\_\_  
 Signature Date

## RECORD OF TRIPS

Each date of service must have a physician or clinician signature and will be reviewed with the physician's office before payments will be made.

Is Trip a Standing Order?  Yes  No Standing Order Days of Traveled Weekly  S  M  T  W  Th  F  S

	Trip Date	Trip Number	Total Miles	Provider Name	Provider Phone Number	Physician / Clinician Signature
1						
2						
3						
4						
5						

\*For California members: Per All Plan Letter 17-010 from the California Department of Health Care Services, Medi-Cal beneficiaries who drive themselves to their appointment are NOT eligible for mileage reimbursement.

## MEMBER INFORMATION

Relationship to Member	Member Name	Member ID
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## SIGNATURE OF MEMBER

I hereby agree the above information is true and correct. I have also received, read and agreed to the gas reimbursement guidelines.

X \_\_\_\_\_  
 Member Signature Member Name (Print)

Completed forms can be sent to:

**Mail:** 798 Park Avenue NW, Norton, VA 24273 **Fax:** 866-528-0462 **Email:** [Virginia.billingoperations@modivcare.com](mailto:Virginia.billingoperations@modivcare.com)

Please allow 4-6 weeks for payment to be processed. For questions about your claim, call 1-800-930-9060.

For Office Use Only			
Total mileage to be paid	Total invoice amount	Batch number	Batch date