REQUEST FOR MEDICAL TRIP REIMBURSEMENT

Western Prairie Human Services 211 East Minnesota Ave, Glenwood MN 56334 or PO Box 1006 Elbow Lake, MN 56531

MA Mileage Coordinator (320) 634-7756 Fax (320) 634-0164 Fax (218) 685-4978

For each trip, send us the following proofs:

1. Signature/Statement from provider giving date and time you attended your appointment.
2. Parking receipts 3. Lodging receipts 4. Meal receipts

Pick up Date & Time of Trip	Name of Person Who Received Medical Care (Please include date of birth) ALSO include name of required attendant & attach documentation form	From (List Address Where Client Entered Driver's Vehicle)	Name & Address of Facility/Provider	Drop off Date & Time of Trip	Was client in car both ways?
AM PM				AM PM	
AM PM				AM PM	
AM PM				AM PM	
AM PM				AM PM	
AM PM				AM PM	

☐ **Self-Drive – Check box - Complete the remainder of the form**

Driver Name (First, middle initial & last): _____ ☐ **Check box if this is a change of address**

Address: _____ Phone: _____

☐ **Volunteer Driver – Check box - complete this section and client signature**

I certify that I have accurately reported in this record the trip miles I actually drove and the dates and times I actually drove them. I understand that misreporting the miles driven and hours worked is fraud for which I could face criminal prosecution or civil proceedings. Vehicle License #: _____

Signature of Driver: _____ Dated: _____

☐ **Rainbow Rider Bus – Check box - skip to signature below** ☐ **Was this service provided via ambulance –if yes - Check box**

I certify that I received the reported transportation service. I understand that if I give untrue or incorrect information on purpose, I could be prosecuted for fraud. I give permission to Minnesota Health Care Programs to contact anyone I've listed for purposes of verification. **Sign below.**

Signature of Recipient or Authorized Party_____ Date: _____

OR

Signature of the Provider of medical services certifying that the recipient was delivered to the provider: _____ Date: _____

Revised: 6/6/2022

WPHS Health Care Access Plan will pay for the most cost-effective form of transportation to get you to a primary care provider within 30 miles of your home and a specialty care provider within 60 miles of your home.

IF YOU CHOOSE to get medical care from a provider that is not the closest provider capable of providing the care you need, you may have to pay for your own costs. This includes emergencies when you can get the services needed at a closer location.

PROOF OF ATTENDING APPOINTMENT IS REQUIRED. You can have your medical provider sign and date on the reverse side of this voucher or attach a letter from your doctor. Appointment cards are not allowed.

IF YOU HAVE YOUR OWN VEHICLE AND CAN DRIVE, you must use it whenever possible. Miles will be calculated by the most direct route indicated by MapQuest.

If it is medically necessary for someone to go with you, you will need prior authorization and verification of this.

Ancillary Services such as meals are only eligible for appointments greater than 60 miles and lodging greater than 100.
from the approved point of pick up and require Prior Authorization from WPHS's MA Mileage Coordinator.

Prior authorization is required for reimbursement of meals, lodging, parking, etc. Itemized receipts are also required. Reimbursement for meals, lodging and parking will be at actual cost not to exceed maximum limits.

If prior authorized - Meals are paid up to the following amounts:

- Breakfast - $5.50; Must be in transit or at the medical appointment prior to 6:00 AM
- Lunch - $6.50; Must be in transit or at the medical appointment 11:00 AM to 1:00 PM
- Dinner - $8.00; Must be in transit or at the medical appointment after 7:00 PM
- Time taken to "eat the meal" is not part of "travel time" consideration.

Claims must be submitted so the agency receives them no later than **90** days from the date-of-service. Any expenses older than 90 days will be denied.

ALL REQUEST FOR MEDICAL TRIP REIMBURSEMENT FORMS ARE DUE BY THE 5th OF THE MONTH, REIMBURSEMENT CHECKS WILL BE MAILED ON THE 3RD FRIDAY OF THE MONTH.