

Return to: _____
Meeker County Social Services
114 N. Holcombe Ave, Suite 180
Litchfield, Minnesota 55355
Phone: 320-693-5300

To Be Certified By Eligibility Worker	MX: _____ X: _____
Signed: _____	PMI: _____ DOB: _____
Date: _____	

REQUEST FOR MEDICAL TRIP REIMBURSEMENT

To ask for payment you must show the trip was for a necessary service covered by the Health Care program. **Each leg of the trip must be documented on separate lines.**
For each trip, send us the following proofs: 1) Appointment slip, statement from provider giving date and time of your appointment or the signature of provider on this form
 2) Parking receipts 3) Lodging receipts 4) Meal(s) receipts. **ONE PERSON RECEIVING MEDICAL CARE PER PAGE**

Date & time of trip	Driver's Last Name, First Name & Middle Initial	Person who received medical care	Extra Rider's Name(s)	From (Address at start of trip)	To (Name & Address of Medical Provider or destination)	Total Miles of each leg of the trip	Cost of Meal	Cost of Lodging	Cost of Parking	Signature of Provider (Verifies the person rec'd medical care at this facility on this date)	To be completed by Agency	
											RUCA	PMI

Name of Person to get the reimbursement payment: **Check box if this is a change of address** **Check box if this is Foster Care**

Name: _____ Phone: _____

Address: _____

I certify that I have accurately reported in this trip log the miles, dates and times I actually drove the recipient. I understand that misreporting miles driven is fraud for which I could face criminal prosecution or civil proceedings. Driver's License #: _____ Vehicle License #: _____

Signature (Driver): _____ Date: _____

The information given on this form is true and correct to the best of my knowledge and I received the reported transportation services. 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.

Signature (Client): _____

Date: _____

Due by the 3rd of each Month

ALL requests for transportation provided by Meeker County Transit or a Council on Aging Volunteer driver should be requested 24 hours before the appointment to ensure availability of the service.

If you are referred by your doctor or request to be transported to a medical facility that is not the closest provider capable of providing the level of care you require you will **not** receive payment for or reimbursement of the transportation cost.

An adult who has the authority to make medical decisions for the minor must accompany minor.

Pharmacy-only transports are limited to once per month and reimbursed **ONLY** if no other means of obtaining pharmacy items is available. (Other means includes mail, delivery services, etc.)

IF YOU OWN A VEHICLE, you must provide your own transportation. You may drive yourself or have a friend or relative drive your car. Other means (volunteer drivers, bus, etc.) will not be reimbursed, unless a qualified medical professional documents that you have a condition that prevents your safe operation of a vehicle.

Transportation must be by the most direct route. Map Quest will be used to verify the distance.

Meals can be reimbursed when travel is farther than 35 miles from client's home by the most direct route and the travel is required over normal meal hours.

You must provide receipts for meals, lodging and parking (except for parking meters) with the signed request. (Note: Meal receipts **must** be itemized to qualify for reimbursement.) Meals are paid for the person receiving medical care and their driver up to the following amounts:

Breakfast: You must be in transit to, from or at medical appointment prior to 6 AM. Maximum reimbursement is \$5.50 per meal.

Lunch: You must be in transit to, from or at medical appointment between 11 AM and 1 PM. Maximum reimbursement is \$6.50 per meal.

Dinner: You must be in transit to, from or at medical appointment after 7 PM. Maximum reimbursement is \$8.00 per meal.

Lodging will be paid at the actual cost up to \$50.00 per night.

Time taken to "eat the meal" is not part of "travel time" consideration.

Parking fees will be paid at cost using the most cost effective method (in/out multiple times per day rate vs. daily rate vs. weekly/monthly rate)

Claims are paid during the third week of each month. You need to return your signed request with verifications to our agency by the 3rd of each month. Claims must be submitted no later than 90 days after the medical appointment date to be eligible for reimbursement.

Appeals: You have the right to ask for a hearing if your request for reimbursement is denied. You can ask for a hearing by writing to:

Meeker County Social Services	OR	Minnesota Department of Human Services
114 N Holcombe Ave, Ste 180		Appeals and Regulations
Litchfield, MN 55355		PO Box 64941
		St. Paul, MN 55164-0941

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