*******ALL TRIPS MUST BE APPROVED BY SOCIAL SERVICES PRIOR TO THE APPOINTMENT IN ORDER TO RECEIVE REIMBURSMENT.*******

LAKE OF THE WOODS COUNTY SOCIAL SERVICES
206 8TH Ave SE, Suite 200, Baudette, MN 56623
Phone: 218-634-2642 Fax: 218-634-4520

CLAIM FOR REIMBURSEMENT OF MEDICAL TRAVEL

- ALL INFORMATION MUST BE COMPLETED OR FORM WILL BE RETURNED FOR COMPLETION
- Claim form needs to be received within **60 days** of your appointment, unless retroactive MA
- Most direct route will be determined by **GOOGLE MAPS**
- Please attach **ORIGINAL, ITEMIZED** receipts for meals and parking (Exception for metered parking)

Date of trip:	

Name of Driver:	**Name of Client:**
Drivers Physical Address:	Clients Physical Address:
Drivers Mailing Address:	Clients Mailing Address:

Pick up time:_____AM/PM **Drop off time:_____AM/PM**

Pick-up Address:	**Medical Provider Name & Address:**	Mileage Round-trip	Meals	Parking & Hotel

MEDICAL PROVIDER MUST SIGN

SIGNATURE OF MEDICAL PROVIDER	**Time Seen**	**Date Seen**

Will the patient need another appointment?	Yes_____	No_____
If yes, date and time of next appointment.	Date_____	Time_____

I declare under penalty of law that this claim or demand is just and correct and that no part of it has been paid

_____ _____

Signature of Client, or Parent if minor child (patient seen)

Vehicle License # _____

Signature of Driver (person receiving mileage payment)

I certify that I 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 the hours worked is fraud for which I could face criminal prosecution or civil proceedings.

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For Accounting Dept Use Only:

Client Eligibility verified in MMIS by:_____ Date:_____ Agency UMPI#: A000039600

Client PMI # _____ Referral attached? Yes_____ N/A_____

Client DOB: _____ MCO Auth attached? Yes_____ N/A_____

Total Miles:_____ Rate:_____

Total Mileage in $	_____
Meals	_____
Parking	_____
Hotel	_____
Total Payment	_____

No-load miles:	_____
Total Claimable miles	

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