



EXPENSE REPORT



BlueCross BlueShield
of New Mexico

Send completed form to:
Modivcare Solutions – Attn: Travel Dept
2602 S 47th St , Suite 101
Phoenix, AZ 85034

Reimbursement check should be made payable to:

NAME: _____
MAILING ADDRESS: _____
CITY / STATE / ZIP: _____

Medicaid Member Information:

NAME: _____
MEDICAID ID#: _____
NAME OF ESCORT: _____
MODIVCARE AUTHORIZATION/JOB #: _____

Receipts for ALL meals or lodging must be sent with this Expense Report. Please put an X in the appropriate areas and the totals.

IMPORTANT: Form must be filled out completely in order to receive reimbursement. All receipts must be received no later than 30 days after the last appointment. Receipts received after the 30 day period will not be processed. **You must provide original receipts.** No reimbursement will be made for copies, lost or misplaced receipts. Maximum daily amount for meals is \$18.00, per approved traveler.

Date:	SUN	MON	TUES	WED	THURS	FRI	SAT
Breakfast							
Lunch							
Dinner							
Meals Total:							
Lodging							
Grand Total:							

Prepared by: _____

Total Amount: \$ _____

Modivcare Solutions, LLC is a separate and independent company which administers transportation services for Blue Cross and Blue Shield of New Mexico.

Services are funded in part under a contract with the State of New Mexico.

Blue Cross and Blue Shield of New Mexico refers to HCSC Insurance Services Company (HISC), which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). Both HISC and HCSC are Independent Licensees of the Blue Cross and Blue Shield Association.

Approved By: _____