



modivcare



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Dear Delaware Beneficiary,

We have enclosed a blank reimbursement form with this letter. Feel free to make copies of the blank form for any future trips. You can also contact the Modivcare Reservation Line to request blank copies of the form.

Please note that your doctor/counselor must sign the form as proof that you were at your appointment. If your form is incomplete, you will not receive payment for your trip. The distance will be calculated as the number of miles from your home to your medical appointment.

Here's how it works:

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.
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, mail it to:
 1. Modivcare Claims Department
 2. 798 Park Avenue NW
 3. Norton, VA 24273
7. The payment will be mailed within 30 days of the Modivcare Claims Department receiving your completed reimbursement form.
8. If you have any questions please call the Modivcare Claims Department at 1-866-907-5186.