



Dear Member,

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** at **1-866-306-9358** to request blank copies of the form.

Your health care provider must sign the form as proof that you were at your appointment. You will not receive payment for your trip unless your form is complete. The rate is \$0.54 per mile. The distance will be the number of miles from your home to your medical appointment. The miles will be given to you during your reservation phone call. Here's how it works:

1. Call the Reservation Line to schedule your trip before your appointment date. The phone number is **1-866-306-9358**. When you call to schedule your trip, you will receive a job number. This job number is required on the form. **Write down the job number and date of your trip on the form as soon as you get it from ModivCare!** Forgetting to add this is a common mistake. This 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."
3. Take the form with you to your medical appointment and have your doctor or counselor sign it.
4. You may put up to eight one-way trips on one form.
5. **There may only be one driver on a form.** You must complete and send a different form for each of the people driving you to your medical appointments. Tell your reservation specialist if you are using more than one driver. Payment will be made to the person you named when making the trip reservation.
6. Once your form is complete, mail it to:

**ModivCare Claims Department
Mileage Reimbursement
798 Park Ave NW
Norton, VA 24273**

7. Your check will be mailed according to the schedule below.
8. If you have any questions, issues or concerns, please call ModivCare at **1-866-306-9358**. If a live person is unable to answer your call, please leave a detailed voice message. Voice messages will be returned within one business day. Be sure you leave the best phone number to reach you in the voice message.
9. The claims office cannot issue job numbers.

Invoice due to claims center*	Date payment is mailed*
Pending New Start Date	Pending New Start Date

The **Claims** department adheres strictly to the pay schedule above. All trip logs must be received by the dates indicated in the left column. Please allow time for processing before calling us regarding a claim. ModivCare asks that you allow up to 10 business days to receive payment. Stop payments can only be placed when 10 business days have passed from the date of mailing. For all claims questions or concerns please call 1-866-907-5186.

*Please remember to obtain all trip numbers from the Reservations department for Community Care Plan.





MILEAGE REIMBURSEMENT PROGRAM

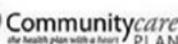
Can a family member or friend drive you to your doctor? We have a program to pay your family member or friend for the car mileage. **To make sure the driver is paid; your doctor must sign a form showing you went to your appointment.**

Here's how it works:

1. When you call to schedule your trip you will get a trip number. **As soon as you get the trip number, write it on the form! Write the date of the trip on the form too!** If you forget to write the trip number and date on the form, it will keep you from getting paid. So, be sure to add it to your form before you forget!
2. The whole form must be filled out **except** for the space for Physician/Clinician Signature.
3. Take the form with you to your appointment and have your doctor sign it.
4. You can use the form for more than 1 trip. You can use it for 7 trips.
5. **There can only be one driver on the form.** A new form has to be filled out for each person driving you to see your doctor.
6. When the form is filled out, mail it to:
ModivCare Claims Department
798 Park Avenue NW
Norton, VA 24273

Or Fax to: 1-800-486-7642
7. When we receive your form, we will mail your payment within 15 days.
8. If you have any questions please call 1-866-907-5186.

This information is available for free in other languages. Please contact our customer service number at 1-866-306-9358, TDD 1-866-288-3133 Monday through Friday, 8 a.m. to 8 p.m. Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.





modivcare

ModivCare | Miami, Florida Operations 5875 NW
163rd Street, Suite 203, Miami Lakes, FL 33014

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-306-9358, TDD 1-866-2883133 de lunes a viernes, de 8 a.m. a 8 p.m. Community Care Plan cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo.



aetna

CLEAR
HEALTH ALLIANCE

Communitycare
PLAN
the health plan with a heart

sunshine health.

Simply
healthcare
An Aetna Company

Humana

Staywell
A WellCare Company

WellCare
Beyond Healthcare. A Better You.

UnitedHealthcare



**Maintain Original in Medical Record
 VERIFICATION OF MEDICAL TRANSPORTATION ABILITIES
 Fax to: 1-866-779-5242**

Form must be completed in its entirety or it will not be processed or approved

Patient Name: _____ **Patient Date of Birth** __/__/____ **Patient Medicaid Number:**

Patient Address: _____ **Patient Telephone:** _____

- Can the patient use mass transit? Yes ___ No ___ If you checked NO, please proceed to #2.
 - Selecting Yes indicates the patient can walk up to 3/4 mile

2. In the left column below, please **check** the medically necessary mode of transportation you deem appropriate for this patient:

___ **Sedan/Van/Taxi:** The patient can get to the curb, board and exit the vehicle unassisted, or is a collapsible wheelchair user who can approach the vehicle and transfer without assistance, **but** cannot utilize public transportation.

___ **Wheelchair Vehicle:** The patient is a wheelchair user, requires lift-equipped or roll-up wheelchair vehicle **and** assistance.

___ **Wheelchair is Manual and the patient cannot transfer out of the wheelchair into a car seat.**

___ **Wheelchair is Electric.**

___ **Stretcher Van:** The patient is confined to a bed, cannot sit in a wheelchair, **and does not** require medical attention/monitoring during transport.

___ **BLS Ambulance:** The patient is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as isolation precautions, oxygen not self-administered by patient, sedated patient.

___ **ALS Ambulance:** The patient is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring by an EMT during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheotomy.

3. Is the requested mode of transport **a temporary, long term, or permanent** need of the patient? Please note that “long term” and “temporary” transport is valid only for the time period indicated. Checking the “permanent” or “long term” box may require additional clarification for approval. It is the medical practitioner’s responsibility to notify ModivCare if a change in the enrollee’s condition occurs that would necessitate a change in level of service.

___ **Temporary until** __/__/____
(Date)

___ **Long Term (up to 1 year) until** __/__/____
(Date)

___ **Permanent**



