



# Modivcare

## Kansas Ancillary Services Form

Please Print, Complete, and Fax to 1-877-637-9083

Member's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Medical ID# \_\_\_\_\_ Health Plan: Sunflower \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Destination Information

Destination Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Appt/Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Appt/Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medical Reason for Appointment: \_\_\_\_\_

### Services Needed

Please Check: \_\_\_\_\_ Gas Reimbursement \_\_\_\_\_ Lodging \_\_\_\_\_ Meals \_\_\_\_\_ Transportation

One Way Mileage \_\_\_\_\_ Reimbursement Name and SS# (Required): \_\_\_\_\_

If Transportation: \_\_\_\_\_ Ambulatory \_\_\_\_\_ Wheelchair \_\_\_\_\_ Stretcher \_\_\_\_\_ Car Seat

Lodging: Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Phone: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

(Maximum \$81/day; please list any preferences. Hotel accommodations will include two (2) beds, non-smoking unless otherwise specified.)

Meals: Number of Days: \_\_\_\_\_ (Maximum \$25/day including tax and tip; one parent only)

### Ordered by Information

IMPORTANT INFORMATION: Modivcare requires three (3) business days' notice for routine reservations. Please provide a physician's note if necessity for requests with less than three (3) business days. For all out of state travel, this form must be completed by the member's physician or clinical care manager from the Plan. Member's medical records must also be attached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Modivcare Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Modivcare Use Only

Date Entered: \_\_\_\_\_ Date/Time Sent to Plan: \_\_\_\_\_ Date/Time Rec'd from Plan: \_\_\_\_\_

Approval Status: \_\_\_\_\_ Date/Time Member Notified: \_\_\_\_\_

Gas Trip Date: \_\_\_\_\_ Trip #: \_\_\_\_\_ Total Mileage: \_\_\_\_\_ Amount: \_\_\_\_\_

Transportation: \_\_\_\_\_ Trip #: \_\_\_\_\_ Total Mileage: \_\_\_\_\_ TP: \_\_\_\_\_

Lodging Trip Date: \_\_\_\_\_ Trip #: \_\_\_\_\_ # of Nights: \_\_\_\_\_ Amount: \_\_\_\_\_

Meals Trip Date: \_\_\_\_\_ Trip #: \_\_\_\_\_ # of Days: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Trip Date: \_\_\_\_\_ Trip #: \_\_\_\_\_ Total: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Trip Date: \_\_\_\_\_ Trip #: \_\_\_\_\_ Total: \_\_\_\_\_ Amount: \_\_\_\_\_