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:** United **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:**	