

FACES TIP SHEET #1
Medicaid Mileage Reimbursement

NOTE: You MUST call Logisticare for a Trip Number BEFORE you leave your house!

To: All FACES Members and Friends of FACES

LogistiCare, a company under contract with Medicaid to provide transportation, currently offers mileage reimbursement at 40 cents per mile for transporting Medicaid patients to their doctor's appointments when no other transportation is available. In other words, Logisticare will pay 40 cents per mile for foster parents to drive their children to and from their doctor's appointments.

The process is quite simple. When you schedule your doctor's appointment contact LogistiCare at **1 866 386 8331** to be set up for gas reimbursement. You will need to make a copy of the Mileage Log on Page 2. Please have the following information available:

- Your Name, Mailing Address, Physical Address, Phone Number and relationship to Patient.
- Patient's Name, Medicaid Number and Date of Birth
- Doctor's Name, Address, Phone Number and Time of Appointment

The agent will give you a Trip ID number which you need to write on the Mileage Log. You must also enter the number of miles traveled to and from the doctor's office. Have the Doctor or someone in their office sign the mileage log. Then mail the log to Logisticare using the address on the form. Please do not forget to sign the mileage log as driver. You should receive payment within 30 to 45 days.

Tips

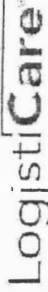
- Keep a copy of the mileage logs mailed to LogistiCare and include the date you mailed them.
- If you take two children to the same doctor, fill out two forms, you will be reimbursed twice.
- You may put up to six trips on one form, but you may also mail the form with only one completed trip.
- Patients with a supplemental insurance besides Medicaid may not be eligible for Mileage Reimbursement. Also, children who have just come into care may still be on Medicaid with a supplemental insurance or other type of insurance. Medicaid may take a while to become effective but may be retroactive, so keep your forms completed and ready to mail in. Your social worker or case manager may be able to tell you when Medicaid is arranged.
- Logisticare would be glad to answer any questions you may have regarding Medicaid transportation.

Contact LogistiCare at: **1 866 386 8331**



FACES is a non-profit membership organization for foster, adoptive and kinship families and others who support our work for the benefit of children, youth and families across Virginia. FACES stands for Family-based, Advocacy, Collaboration, Empowerment and Support.

Our mission is to provide a united voice for children, youth, and families involved in foster, adoptive, and kinship care so all children and youth are treated with dignity, respect, and equality.



MILEAGE REIMBURSEMENT TRIP LOG AND INVOICE FORM

Must be sent to: **Logisticare, Attn: Billing Dept**
P.O. Box 248 Norton, VA 24273

DRIVER NAME: _____ RELATIONSHIP TO MEMBER: _____
DRIVER MAILING ADDRESS: _____ DRIVER PHONE #: _____
CITY/STATE/ZIP: _____

MEMBER NAME (If different from Driver): _____ MEMBER ID #: _____

IS TRIP A STANDING ORDER? Y N IF YES, CIRCLE THE DAYS TRAVELED WEEKLY: S M T W T F S

Trip Date	Trip/Job #	Medical Provider Name & Phone #	Physician/Clinician Signature*	Total Miles
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		

*Each date of service must have a physician or clinician signature in order for reimbursement to be approved.
NOTE: Each trip will be confirmed with the physician's office before payments will be made.

Do not write in this space.
Total mileage to be paid: _____ Total amount for this invoice: _____ Batch #: _____ Batch date: _____

****PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON TRANSPORTED****

I hereby certify the information contained herein is true, correct and accurate. Signature _____