

# MILEAGE/FOOD REIMBURSEMENT FORM



Prior approval is required for out of area travel reimbursement. The following information is needed to process your request to be paid back for mileage and food:

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Member Name	_____	ID#	_____
Date of Appointment	_____	Date of Trip	_____

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Provider Name	_____	
Address	_____	Telephone # _____
City, State Zip	_____	
Signature of Provider	_____	

**Physician/Specialist**

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Beginning Odometer Reading*	_____
Ending Odometer Reading*	_____

**\*Mercy Care will verify mileage through a computer program.**

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**Person to be Reimbursed**

Name	_____
Relationship to member	_____
Address	_____
	_____
Telephone number	_____
	Today's Date _____

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### IMPORTANT INFORMATION:

- If your request was not approved by Mercy Care **before** your travel date, you will not be paid back. Call Member Services at (602) 263-3000 or 1-800-624-3879, before making any trips out of your area of service for medical appointments.
- If you are requesting to be paid for meals, you must attach detailed receipts.
- You are limited to up to \$25 per day for meals while out of the service area:
  - Breakfast \$ 6.00
  - Lunch \$ 8.00
  - Dinner \$11.00
- Mileage will be reimbursed at 0.18 cents per mile. Please use only one form per trip.