

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:

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

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

Beginning Odometer Reading*	_____
Ending Odometer Reading*	_____

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

Person to be Reimbursed

Name	_____		
Relationship to member	_____		
Address	_____		

Telephone number	_____	Today's Date	_____

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 0.22 cents per mile. Please use only one form per trip.