

Dear Michigan Member,

We have enclosed a blank reimbursement form with this letter. Feel free to make copies of the blank form for any future trips. You can also contact the LogistiCare reservation Line to request blank copies of the form.

Please note that your doctor/counselor must sign the form as proof that you were at your appointment. If your form is incomplete, you will not receive payment for your trip. The distance will be calculated as the number of miles from your home to your medical appointment.

Here's how it works:

- 1) When you call to schedule your trip you will receive a trip number. This trip number is required on the reimbursement form. Write down the trip number and date of our trip on the reimbursement form as soon as you get it from the LogistiCare reservation specialist! Forgetting to add this is a common mistake and will cause your reimbursement to be denied. Be sure to add it to your form before you forget!
- 2) You **MUST** fill out the entire form **except** for the space for **“Physician/Clinician Signature”**
- 3) Take the form with you to your medical appointment and have your doctor or counselor sign it. Your doctor or counselor should sign in the **“Physician/Clinician Signature”** space on the form.
- 4) You can put up to seven trips on one form.
- 5) Please note that there can only be one driver on a form. You must complete and send a separate form for each of the people driving you to your medical appointments.
- 6) Once your form is complete, mail it to:

**LogistiCare Claims Department  
Michigan Mileage Reimbursement  
2552 West Erie Dr. Ste: 101  
Tempe, AZ 85282**

The payment will be mailed within 30 days of the LogistiCare Claims Department receiving your completed reimbursement form.

If you have any questions please call the LogistiCare Claims Department at 1-877-564-5665 claims representative is unable to answer your call, please leave a detailed voice message. Messages will be returned within one business day. Be sure you leave the best phone number to reach you in your voice message.

LogistiCare



MICHIGAN GAS MILEAGE REIMBURSEMENT TRIP LOG

Must be sent to: LogistiCare Claims Department
2552 West Erie Drive Suite 101
Tempe, AZ 85282

DRIVER NAME: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

DRIVER MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DRIVER PHONE #: \_\_\_\_\_

MEMBER NAME (If different from Driver): \_\_\_\_\_

MEMBER ID#: \_\_\_\_\_

Table with 5 columns: Trip Date, Trip/Job #, Medical Provider Name & Phone #, Physician/Clinician Signature\*, Total Miles. Each row contains fields for Name and Phone #.

\* Your health care professional must sign this voucher to show you were at your appointment in order for your driver to get paid.
. 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: \_\_\_\_\_

I hereby certify the information contained herein is true, correct and accurate. Driver Signature \_\_\_\_\_

Please call your reservation number if you need a trip/job # or if you need to change anything about a trip. Only the person designated as the driver when your reservation is made will be paid. If you have different drivers you must submit a separate form for each driver. Please allow 28 days from the date you mail trip logs before calling about payment status.