

# 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	_____		
	<b>Physician/Specialist</b>		

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