



Meal and Lodging Authorization Form

Today's Date: _____

Patient Name and Subscriber ID: _____ D.O.B. _____

Type of Insurance: _____

Parent (Guardian/Escort) Name: _____

Requesting Facility Office Contact

Name (Title): _____

Phone: _____ Fax: _____

Diagnosis: _____

Planned Treatment: _____

***Clinical information is required to support the need for Meals and Lodging reimbursement. Please attach completed LogistiCare (LGTC) Michigan Non-Emergency Transportation Services Medical Necessity Form*

Service Requested with Dates of Service (e.g. Meals, Lodging):

Is Transportation Requested (vehicle pickup, gas reimbursement - dates needed)?

Hotel Name: _____

MEDICAID RATES:

Lodging: (one parent or guardian of child only)

Ronald McDonald House \$12.50 per day

Other Lodging..... \$41.25 per day

Meals: Outpatient (member/client and spouse/escort (\$12.00 ea.)..... \$24.00 per day

Inpatient (spouse/guardian only)..... \$12.00 per day

When staying at any Ronald McDonald House..... \$7.00 per day

Date received request from facility: _____

LogistiCare manager signature: _____

LogistiCare Facility Rep name: _____

Billing Information: Attn: Kenyetta Houston- Facilities Manager
26877 Northwestern Highway Suite 211
Southfield, MI 48033
Phone: (866) 791-4107 x 2204
Facilities Dept. Phone: 866-569-1908 / Fax: (866) 569-1910

*****A detailed invoice is requested within 30 days of service to ensure timely processing of payment*****