

Dear Louisiana beneficiary,

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 your 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  
Louisiana Mileage Reimbursement  
2552 West Erie Drive Suite 101  
Tempe, AZ 85282-3100**
7. If you have any questions please call the LogistiCare Reservation Line. Please allow 10 business days from the day you mail your form for it to be received and entered into our system.
8. The payment will be mailed within 15 days of the LogistiCare Claims Department receiving your completed reimbursement form.