



Dear 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 or find an online version of the form at Member Information Website (<http://memberinfo.logisticare.com>).

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. Mileage reimbursement will only be paid for travel for Medicaid covered services.

Here's how it works:

1. You must call to schedule your trip at least **1 hour** before your medical appointment. **LogistiCare will be unable to back date a reservation for trips that have already occurred!**
2. When you call to schedule your trip you will receive a job number. This job number is required on the reimbursement form. **Write down the job 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!
3. You must fill out the entire form **except** for the space for "Physician/Clinician Signature".
4. 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.
5. You can put up to six trips on one form.
6. **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.
7. For each driver, you must submit a copy of their driver's license and vehicle insurance card. You will must submit updated copies whenever the driver's license or vehicle insurance has expired and been renewed.
8. Once your form is complete, mail it to:

**LogistiCare Claims Department
Iowa Mileage Reimbursement
2552 West Erie Drive, Suite 101
Tempe, AZ 85282-3100**

9. The payment will be mailed within 30 days of the LogistiCare Claims Department receiving your completed reimbursement form.
10. If you have any questions, issues or concerns, please call LogistiCare at 1-877-564-5665. If a live 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.