

LogistiCare

Kansas Ancillary Services Form

Please Print, Complete, and Fax to 1-877-637-9083 Attn: Lanell Hayes

Member's Name: _____ Parent/Guardian Name: _____

Medical ID# _____ Health Plan: United DOB: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____ Phone #: _____

Destination Information

Destination Facility: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Phone #: _____

Doctor's Name: _____ Appt/Admission Date: _____ Time: _____

Doctor's Name: _____ Appt/Admission Date: _____ Time: _____

Medical Reason for Appointment: _____

Services Needed

Please Check: Gas Reimbursement Lodging Meals Transportation

If Gas Reimbursement Name and SS# of Payee (Required): _____

If Transportation: Ambulatory Wheelchair Stretcher Car Seat

Lodging: Check In Date: _____ Check Out Date: _____ Confirmation #: _____

Hotel Name: _____ Hotel Phone: _____

Hotel Address: _____

Meals: Number of Days: Reimbursement Name and SS#: _____

(Maximum \$25/day including tax and tip; one parent only)

EXTENSIONS (IF NEEDED)

Request Date: _____ Add'l # of Nights: _____ Request Date: _____ Add'l # of Nights: _____

Request Date: _____ Add'l # of Nights: _____ Request Date: _____ Add'l # of Nights: _____

Request Date: _____ Add'l # of Nights: _____ Request Date: _____ Add'l # of Nights: _____

LogistiCare Use Only

Date Entered: _____ Date/Time Sent to Plan: _____ Date/Time Rec'd from Plan: _____

Lodging Trip Date: _____ Trip #: _____ # of Nights: _____ Amount: _____

Approval Status: _____ Date/Time RMH Notified: _____

EXTENSIONS

Date Received From RMH	Add'l Nights Req	Date/Time Sent to Plan	Date/Time Received From Plan	Approved Through	Add'l Nights Approved	Date/Time Sent to RMH

Credit Card Payment Authorization

Final Stay Trip Date: _____ Trip #: _____ Check In: _____ Check Out: _____

Authorized # of Nights: _____ Authorized Amount: _____

Credit Card #: _____ Expiration: _____

Authorized By: _____ Signature: _____

Date Authorization Sent: _____ Time Authorization Sent: _____