

Dear Care Improvement Plus Member,

Enclosed with this letter is a mileage form. You can make copies of the form for your other trips. You may also contact the LogistiCare Reservation Line to request another copy of the form be sent to you. There is an online version of the form at the Member Website (<https://memberinfo.logisticare.com>).

Please note that your doctor/counselor must sign the form. If your form is incomplete, you will not receive payment for your trip. The reimbursement rate is \$0.50 per mile, maximum of 60 miles per trip leg. 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 mileage 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. Your signature as the Care Improvement Plus member must be included at the bottom of the 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. Once your form is complete, mail it to:
**LogistiCare Claims Department
Care Improvement Plus Mileage Reimbursement
12234 N. IH 35, Bldg B, Suite 175
Austin, TX 78753**
8. Your completed mileage reimbursement form must be received by the LogistiCare Claims Department within one calendar year from the date of your medical appointment. Forms received after one year from the date of service will be denied.
9. The payment will be mailed within 30 days of the LogistiCare Claims Department receiving your completed mileage reimbursement form.
10. If you have any questions please call the LogistiCare Claims Department at 1-877-564-9837. If a 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.