



Mileage Reimbursement Trip Log



home state health™

Mail or fax completed logs to:

MTM, Attention: Trip Logs
16 Hawk Ridge Dr.
Lake St. Louis, MO 63367
Fax: 1-888-513-1610

Instructions:

- To be paid for mileage, you must submit this log for all trips.
- Before your appointment, you must call Home State Health Plan's free transportation number, 1-855-694-4663. You will receive a trip number during this call. You will write the trip number down on this form.
- MTM must receive the form no more than 60 days past the date of the first appointment.
- Nurses, therapists or assistants can sign the form. It does not have to be the doctor.
- We suggest you make copies of this blank form. If you need a new copy, you may call and request one be mailed to you, or you may find this form at www.mtm-inc.net.
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, such as an extra trip from the first appointment to a second appointment before going back home, please enter each trip leg on a separate line, for example:
 - 1st leg- home to first doctor
 - 2nd leg- first doctor to second doctor
 - 3rd leg- second doctor to home
- If you do not have a trip log at the time of your appointment, ask your doctor for a note on their facility letterhead stating you were seen and the date of the appointment. Once a trip log is received in the mail, attach the note from your doctor in place of a signature.
- Incomplete forms cannot be processed and will be returned to you. It is your responsibility to complete this form correctly. MTM will send payment for the completed items.
- Keep a copy of your trip log for your records.
- **Questions about the reimbursement process? Please call: 1-888-513-0703.**

Recipient Info	First Name:		Last Name:		MO HealthNet #:
	Address:				Phone:
	City:		State:		Zip:
Payment Info	Make check payable to:		Relationship to recipient: <input type="checkbox"/> Self <input type="checkbox"/> Other:		Date of Birth:
	Address:				Phone:
	City:		State:		Zip:



Mileage Reimbursement Trip Log (Continued)

Trip #1	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
Trip #6	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
Trip #7	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Medical Provider Phone:
	Medical Provider Name:	Medical Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered service.	Signature & Title of Healthcare Provider: ▶		
I have completed this form and I verify that the information on this trip log is true.		Signature of Participant, Parent/Guardian, or Representative: ▶		