

Medical Escort Mileage

Service Code: CFCA0080

Round mileage to the nearest mile.



Medical Escort Records are due every week. They are due by the Monday following the end of the week by Midnight. You may fax, drop off, or email them. Mail is discouraged as it can not guarantee timely pay. Due to the timing of the payroll cycle, late forms will result in late pay. Medical Escort Records must be signed AFTER all work is completed. Advance forms will not be accepted.

Escort time is above and beyond time authorized on the MPQH services profile. All miles must be requested through Medicaid Transportation by calling 1-800-292-7114. For approved trips, if miles are not reimbursed through the Medicaid Transportation program, they can be requested to be paid by Consumer Direct by submitting your mileage request below. All Medical Escort trips must be verified by the physician or an authorized representative of the medical office.

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID
John Smith	1002345	Jane Doe	1234567

Service Date (MM/DD/YY)	Odo Start (last 3)	Odo End (last 3)	Mileage:	Specific Location of Appointment:
01/02/17	492	502	010	Great Falls Clinic 1200 10th Ave SD.
Med Trans Ref#:	Name of Health Care Provider:		By signing, I verify this office is a Medicaid Provider and the Member attended this appointment	Medical Office Rep. Signature:
If Applicable	Dr. Johnson			Sample

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I certify that the services indicated about were provided to the Member by the Employee as recorded. Services were provided by the nearest Medicaid Provider. The Member was NOT in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature	Date (MM/DD/YY)
Sample	01/02/17
Member/PR Signature	Date (MM/DD/YY)
Sample	01/02/17
Provider Representative Signature	Date (MM/DD/YY)
Sample	/ /

Drop Off: 3301 Great Northern Ave. Ste 203 Missoula, MT 59808

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