CONSUMER DIRECT CARE NETWORK

Medical Escort

MILEAGE REIMBURSEMENT INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Fill circles like this:	● ● ● ●	**Not like this:**	✓ ⊗ ⊘
Fill boxes like this:	A B C 1 2 3	**Not like this:**	ABC 12 3

1. Employee Name. Print Employee's Name.

2. Employee ID. First seven digits of employee ID number.

3. Member Name. Print Member's Name.

4. Member ID. Seven digit member ID number.

5. Service Date. The date services were provided, in MM/DD format.

6. Odometer Start. Your odometer reading at the start of your trip. Round to the nearest mile.

7. Odometer End. Your odometer reading at the end of your trip. Round to the nearest mile.

8. Mileage. Total mileage for your trip. Round to the nearest mile. (Odometer End – Odometer Start = Mileage)

9. Specific Location of Appointment.

10. Med Trans Ref #. Given by Medicaid Transportation.
Call 1-800-292-7114

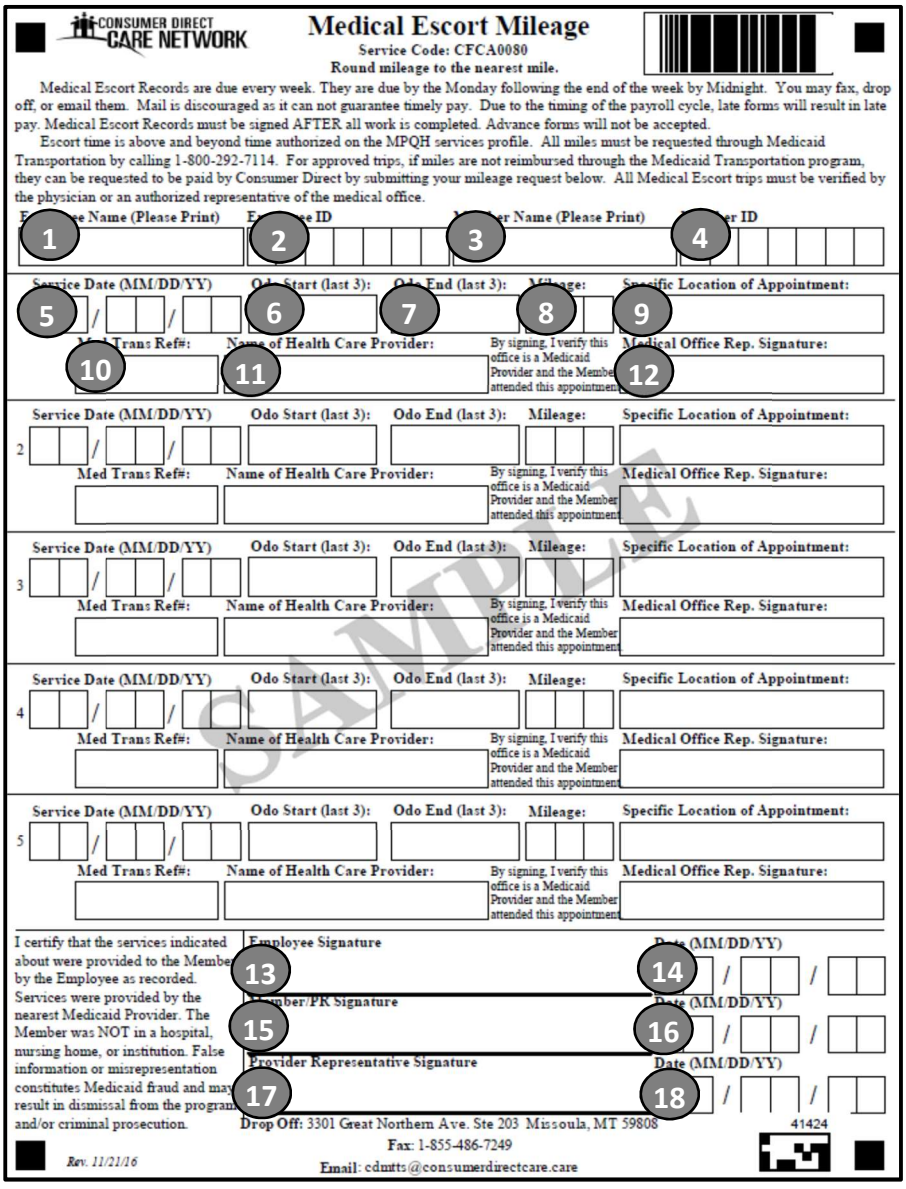
11. Name of Health Care Provider.

12. Medical Office Rep Signature. Each medical visit must be verified and signed by a representative from the medical office.

13. Employee Signature.

15. Member Signature.

17. Provider Signature. (Consumer Direct Care Network Representative)



14. Employee Signature Date. In MM/DD/YY format. This must be **on or after** the last day worked

16. Member Signature Date. In MM/DD/YY format. This must be **on or after** the last day worked

18. Provider Signature Date. In MM/DD/YY format. This must be **on or after** the last day worked