

Shopping, CI, Waiver, Private Pay Mileage Reimbursement



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For the week of service, mileage forms are due the following Monday by Midnight. You may fax, drop off, or email your timesheets. Mail is discouraged as it can not guarantee timely pay. Forms are due every week. Due to the timing of the payroll cycle, late forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance forms will not be accepted. DO NOT use this Mileage Reimbursement Form for Medical Escort Mileage.

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|-------|-------|-------|-------|-------|------|------|------|
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| M | M | 1 | | D | | V | V |

| Employee Name (Please Print) Employee | Member Name (Ple | ease Print) Member ID | | |
|---|--|---|--|--|
| | | | | |
| | ling start location(s) and stop location(s) for | | | |
| | CN to recreate travel routes and to verify the a | , , | | |
| | | you may combine mileage as needed and note clearly. | | |
| Service Date (MM/DD) Miles: Daily Total | Start Location / Street or Community | Stop Location / Street or Community Miles | | |
| 1 / | | | | |
| Service O CFC/PAS Code O Private Pay/Waiver | / | / | | |
| Odometer Start Odometer End | | / | | |
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| Service Date (MM/DD) Miles: Daily Total | , | , | | |
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| Service O CFC/PAS | / | / | | |
| Code O Private Pay/Waiver Odometer Start Odometer End | / | / | | |
| Guometer Start Guometer End | 1 | 1 | | |
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| Service Date (MM/DD) Miles: Daily Total | | 1 | | |
| 3 / / | | | | |
| Service O CFC/PAS | / | / | | |
| Code O Private Pay/Waiver Odometer Start Odometer End | | / | | |
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| Service Date (MM/DD) Miles: Daily Total | / | / | | |
| 4 | , | , | | |
| Service O CFC/PAS | / | / | | |
| Code O Private Pay/Waiver Odometer Start Odometer End | / | / | | |
| | / | / | | |
| | e were provided to the Member by the Employee as al, nursing home, or institution. Falsification of this iminal prosecution. | | | |
| Employee Signature | Member/PR Signature | Provider Representative Signature | | |
| · - | _ | | | |
| Data (MM/DD/VV) | Data (MM/DD/XX) | Date (MM/DD/VV) | | |
| Date (MM/DD/YY) | Date (MM/DD/YY) | Date (MM/DD/YY) | | |
| | / / | | | |

Rev 1/6/2021

Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 59808

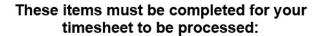
Fax: 1-855-486-7246

Email: cdmtts@consumerdirectcare.com





Mileage Reimbursement Instructions



- Employee Name
- Employee ID (first 7 digits)
- Member Name
- Member ID
- Sunday that started this pay period
 - For example, if your first day worked was Tues. the 12th, this would be Sun. the 10th
- Employee Signature & Date
 - Must be dated on or after the last day worked.
- Member Signature & Date
 - Must be dated on or after the last day worked.

Each line of time must include:

- Service Date (MM/DD format)
- Miles (Daily total rounded to nearest mile)
- Start Location (Description and Street/Community)
- Stop Location (Description and Street/Community)
- Service Code
- Odometer Start (last 3 digits)
- Odometer End (last 3 digits)

Make sure your mileage form is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second mileage form if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

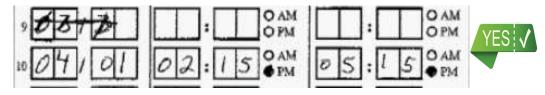
Example

| Service Date (MM/DD) Miles: Daily Total | Start Location / Street or Community | Stop Location / Street or Community | Miles |
|---|--------------------------------------|-------------------------------------|-------|
| 1 0 9 / 0 6 0 1 0 | Member's home /1010 57th Ave So. GTF | Albertson's /2315 10th Ave So GTF | 5 |
| Service | Albertson's /2315 10th Ave So GTF | Member's home/1010 57th Ave So | 5 |
| Odometer Start Odometer End | / | / | |
| 800 810 | / | / | |

For best results use **BLACK** ink

Making Corrections

Cross out the incorrect line and rewrite the information on the next blank line like this:



Do not write over the top of incorrect information like this:

