CONSUMER DIRECT CARE NETWORK

Shopping, CI, Waiver, Private Pay
Mileage Reimbursement

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.

Sunday that started your work week

☐☐ / ☐☐ / ☐☐
MM   DD   YY

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID

All travel must be captured per day, including start location(s) and stop location(s) for each segment traveled.
Entries must be detailed enough to allow CDCN to recreate travel routes and to verify the accuracy of mileage claimed.

If the space below does not allow you to capture all of your travel, you may combine mileage as needed and note clearly.

Entry 1

Service Date (MM/DD): ☐☐ / ☐☐
Service Code
○ CFC/PAS
○ Waiver
○ Private Pay
Miles: Daily Total: ☐☐☐
Odometer Start: ☐
Odometer End: ☐

Start Location / Street or Community	Stop Location / Street or Community	Miles
/	/	
/	/	
/	/	
/	/	

Entry 2

Service Date (MM/DD): ☐☐ / ☐☐
Service Code
○ CFC/PAS
○ Waiver
○ Private Pay
Miles: Daily Total: ☐☐☐
Odometer Start: ☐
Odometer End: ☐

Start Location / Street or Community	Stop Location / Street or Community	Miles
/	/	
/	/	
/	/	
/	/	

Entry 3

Service Date (MM/DD): ☐☐ / ☐☐
Service Code
○ CFC/PAS
○ Waiver
○ Private Pay
Miles: Daily Total: ☐☐☐
Odometer Start: ☐
Odometer End: ☐

Start Location / Street or Community	Stop Location / Street or Community	Miles
/	/	
/	/	
/	/	
/	/	

Entry 4

Service Date (MM/DD): ☐☐ / ☐☐
Service Code
○ CFC/PAS
○ Waiver
○ Private Pay
Miles: Daily Total: ☐☐☐
Odometer Start: ☐
Odometer End: ☐

Start Location / Street or Community	Stop Location / Street or Community	Miles
/	/	
/	/	
/	/	
/	/	

I certify that the hours and services indicated above were provided to the Member by the Employee as recorded in accordance with the Support & Spending Plan. The Member was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature
_____
Date (MM/DD/YY)
☐☐ / ☐☐ / ☐☐

Member/PR Signature
_____
Date (MM/DD/YY)
☐☐ / ☐☐ / ☐☐

Provider Representative Signature
_____
Date (MM/DD/YY)
☐☐ / ☐☐ / ☐☐

Drop Off: 100 Consumer Direct Way   Ste 145 Missoula, MT 59808
Fax: 1-855-486-7246
Email: cdmtts@consumerdirectcare.com

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■ Mileage Reimbursement Instructions ■

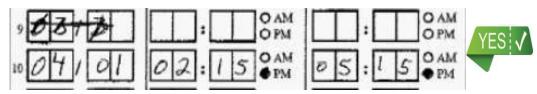| These items must be completed for your timesheet to be processed:	Each line of time must include:
Employee Name **Employee ID (first 7 digits)** **Member Name** **Member ID** **Sunday that started this pay period** o For example, if your first day worked was Tues. the 12th, this would be Sun. the 10th. **Employee Signature & Date** o Must be dated on or after the last day worked. **Member Signature & Date** o Must be dated on or after the last day worked.	• 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
		Albertson's / 2315 10th Ave So GTF	Member's home / 1010 57th Ave So	5
		/	/	
		/	/	

Service Code: ● CFC/PAS ○ Private Pay/Waiver

Odometer Start: 800   Odometer End: 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:

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Back page is for information only. Please do not submit it with your mileage form.