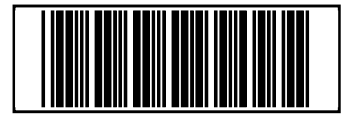


Shopping, CI, Waiver, Private Pay Mileage Reimbursement Form



Sunday that started this work week.

		MM			DD			YY
--	--	----	--	--	----	--	--	----

Service Code

--	--	--	--	--	--	--	--	--	--

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.

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

Service Date (MM/DD)	Round to the nearest mile			Purpose of Trip & Specific Location
	Odometer Start	Odometer End	Mileage	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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)

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Member/PR Signature

Date (MM/DD/YY)

--	--	--	--	--

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

17775

Fax: 1-855-486-7246

Email: cdmmts@consumerdirectcare.com



Mileage Reimbursement Instructions

These items must be completed for your timesheet to be processed:

- **Employee Name**
- **Employee ID (first 7 digits)**
- **Member Name**
- **Member ID**
- **Service Code**
- **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)
- Odometer Start (last 3 digits)
- Odometer End (last 3 digits)
- Total Mileage (round to nearest mile)
- Purpose of Trip

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.

For best results use **BLACK** ink

Making Corrections

If you make a mistake **before** turning in your timesheet, cross out the incorrect line and rewrite the information on the next blank line like this:

9 ~~03/21~~ ~~00:00~~ AM PM ~~00:00~~ AM PM

10 04/01 02:15 AM PM 05:15 AM PM

YES ✓

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

1 03/09 09:00 AM PM 11:00 AM PM

2 03/09 04:00 AM PM 11:30 AM PM

NO X

If you make a mistake and the timesheet gets returned to you for corrections, you **must** fill out a new timesheet.

Mileage Service Codes	
Service	Enter As:
CFC	CFCA0080
PAS	CFCA0080
Private Pay	MILEAGE
Waiver	MILEAGE

