reviewed by \_\_\_\_\_

reviewed by \_\_\_\_\_

## REQUEST FOR MEDICAL TRIP REIMBURSEMENT

To receive reimbursement you must provide verification of the service covered by Minnesota Health Care. For each trip, provide the information requested below. Have your medical provider sign the form on the appropriate line. You must attach itemized receipts for lodging, meals and parking (excluding parking meters). Parking and meal receipts must show the date and time. See the reverse side for more information.

**RETURN TO: Renville County Human Services** Email: hs@renvillecountymn.gov

> 105 S 5th St., Suite 203H Fax: 320-523-3565

11-420-650-4801-6206 (H305) 11-420-650-4801-6207

For office use only:

11-420-650-4801-6208

Person Receiving Medical Care (First / Last Name)	Date of Birth	Type of Care	Date of Travel	Appt. Time	Traveled From Address	To: Medical Provider Name and Address	Provider Signature	Number of Miles Traveled
Take Payment to: _	( ) check if this is an address change							
- -					**TH	IS FORM MUST BE R YS OF THE MEDICA	ECEIVED WITH	IN <u>60</u>
					t no portion has been	paid by any other person or e	ntity, that the charges	were
tually paid for the	purposes	stated and that	I have read	and agree	to the guidelines on	the reverse side of this claim	as they apply to me.	

11-420-650-4801-6209

Transportation payment or reimbursement is to a primary care provider within 30 miles of your home and a specialty care provider within 60 miles of your home. Transport beyond these respective distances will require referral based on medical necessity or health plan referral and approval from Renville County Human Services.

If you have your own vehicle and can drive, you must use it whenever possible. You may drive yourself or have a friend or relative drive your car. Other means (contracted volunteer driver, bus, etc.) will not be paid unless it is documented that you have a condition that prevents your safe operation of that vehicle. We will only reimburse for mileage when the Medical Assistance recipient is in the vehicle.

Transportation must be by the most direct route. Round trip mileage will be verified by Google Maps.

Pharmacy and medical supply pickup only trips are not reimbursable.

All lodging reimbursements must be pre-approved by the county agency.

Meals can be reimbursed when travel is further than 35 miles one way from the client's home by the most direct route and the travel is required over normal meal hours as noted below.

You must provide itemized receipts for meals, lodging and parking, except for parking meters, with your request for reimbursement.

Meals are reimbursed for the person receiving medical care. Meals may be reimbursed for an adult accompanying a minor or a driver for someone with a condition that prevents safe operation of a vehicle. Meal reimbursement amounts are:

Breakfast - \$5.50; Must be in transit to or at medical appointment prior to 6:00 AM
Lunch - \$6.50; Must be in transit to or at medical appointment between 11:00 AM and 1:00 PM
Dinner - \$8.00; Must be in transit to or at medical appointment after 7:00 PM
Lodging - Prior authorization is required. Maximum of \$50.00 per night unless prior authorized by a financial worker for a higher rate.
Parking will be paid at actual cost.

Claims for medical transportation are paid on the Fridays following the second and fourth Tuesdays of each month. Claim forms must be received in our office the Wednesday of the week prior to the issuance week. Renville County Human Services has 60 business days to process your claim.

Claims that are over 60 days old when submitted will not be reimbursed.

Appeals: You have the right to ask for a hearing if your request for reimbursement is denied. You can ask for a hearing by writing to:

Renville County Human Services 105 S. 5<sup>th</sup> St, Ste 203H Olivia, MN 56277 OR

Minnesota Department of Human Services Appeals and Regulations PO Box 64941 St. Paul, MN 55164-0941