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
105 S 5th St., Suite 203H
Olivia, MN 56277

Email: hs@renvillecountymn.gov
Fax: 320-523-3565

Submit Form

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
							Attach File	
							Attach File	
							Attach File	
							Attach File	
							Attach File	
							Attach File	
							Attach File	

Make Payment to: _____
_____
_____

☐ check if this is an address change

****THIS FORM MUST BE RECEIVED WITHIN 60 DAYS OF THE MEDICAL TRIP****

I declare under the penalty of law that this claim is correct and that no portion has been paid by any other person or entity, that the charges were actually 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.

Signature _____ **Date** _____

For office use only:

11-420-650-4801-6206 (H305) _____ 11-420-650-4801-6207 _____ reviewed by _____

11-420-650-4801-6208 _____ 11-420-650-4801-6209 _____ reviewed by _____

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. 5th St, Ste 203H
Olivia, MN 56277

OR

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