INTEROFFICE MEMORANDUM

TO: MILEAGE REIMBURSEMENT CONSUMERS
FROM: CHRISTINE KERSTETTER-DIRECTOR
RE: NEW MR FORMS

Attached please find Pike County Transportation New Mileage Reimbursement Form for your immediate use.

The new forms have been approved by the MATP Program.

Every household member must have their own form filled out completely in order for reimbursement to occur.

Please use each family members 10 digit MA Access number.

Family members that travel together on the same day will receive reimbursement for only one (1) trip.

NO reimbursement for same day trips.

AGAIN, you are responsible to mail forms only and return all forms on or before the 15th of the following month.

You are responsible for copying your “MR” forms.

Thank you.
**PIKE COUNTY TRANSPORTATION MILEAGE REIMBURSEMENT FORM**

506 BROAD STREET  
MILFORD, PA 18337  
570-296-3408 PHONE  570-296-3409 FAX

<table>
<thead>
<tr>
<th>MA ID #</th>
<th>MATP ELIGIBILITY - CIRCLE ONE - YES OR NO</th>
<th>PHONE NUMBER:</th>
<th>RATE: 12 CENTS PER MILE</th>
</tr>
</thead>
</table>

**NAME:**  
**ADDRESS:** *(Complete only if different that what is currently on file)*

<table>
<thead>
<tr>
<th>DATE &amp; TIME</th>
<th>FAMILY MEMBER’S NAME</th>
<th>DESTINATION ADDRESS &amp; ZIP</th>
<th># OF MILES</th>
<th>$$ PARKING &amp; TOLLS</th>
<th>DR./PROVIDERS NAME &amp; PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMPLETE AND RETURN THIS FORM WITH VERIFICATION FOR EACH ACCEPTABLE MEDICAL APPOINTMENT.**  
**DO NOT USE THIS FORM FOR MORE THAN ONE MONTH'S MEDICAL APPOINTMENT.**  
**NO REIMBURSEMENT FOR SAME DAY APPOINTMENTS.**  
**FAMILY MEMBERS THAT TRAVEL TOGETHER ON THE SAME DAY WILL RECEIVE REIMBURSEMENT FOR ONLY ONE (1) TRIP.**  
**CONSUMERS ARE RESPONSIBLE TO COPY ADDITIONAL FORMS AND TO SUBMIT ALL MILEAGE REIMBURSEMENT FORMS.**  
**CONSUMERS ARE RESPONSIBLE TO MAIL ONLY AND RETURN ALL FORMS ON OR BEFORE THE 15TH OF THE FOLLOWING MONTH.**  
**ANY FORM POST MARKED AFTER THE 15TH OF THE FOLLOWING MONTH WILL NOT RECEIVE REIMBURSEMENT.**

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THE MEDICAL TRIP INFORMATION SUBMITTED ON THIS FORM IS TRUE, CORRECT AND COMPLETE. I AGREE TO REPORT ANY CHANGES IN CIRCUMSTANCES IMMEDIATELY TO THE MATP SERVICE PROVIDER. I UNDERSTAND TO DOCUMENTATION OF ALL ELIGIBILITY FACTORS MAY BE REQUIRED TO DETERMINE ELIGIBILITY CORRECTLY OR FOR AUDITING PURPOSES AND GIVING KNOWINGLY FALSE STATEMENTS IS A CRIMINAL OFFENSE. I UNDERSTAND I HAVE A RIGHT TO REQUEST A DEPARTMENT OF HUMAN SERVICES FAIR HEARING IF BENEFITS ARE DENIED. THIS AFFIRMATION STATEMENT COVERS ALL ATTACHMENTS REQUIRED FOR THE DETERMINATION OF ELIGIBILITY AND MA SERVICE VERIFICATION.

**PLEASE SIGN**  
Update June 2016  
**DATE**
VALIDATION FORM

DOCTOR /FACILITY PLEASE FILL OUT INFORMATION BELOW:

Date: ____________________

Patient's Name: _____________________________________________

Seen by: _____________________________________________

Name of Doctor/Medical Provider: ____________________________

Address of Facility where recipient was seen today: __________

MEDICAL SERVICE PROVIDER

Your signature and stamp verifies that the patient shown on this form received an MA eligible medical service(s) in your facility on the date(s) listed. Provider must sign a separate validation form for each individual appointment completed.

Doctor/Facility Authorized Signature Below:

NO MILEAGE REIMBURSEMENT WILL BE DISTRIBUTED WITHOUT PROPER DOCUMENTATION

For questions please call Pike County Transportation at 570-296-3408 or 1-866-681-4947
Thank you.
Gloria Schneck
MR Coordinator
Updated 6/2016
Important!
On the new MR forms, please submit entire MA ID #.

thank you.