



Mileage Reimbursement Trip Log

Submit completed trip logs to MTM by mail, fax, email, or electronically to:

MTM - Attention: VA Operations

81 Commerce St.

Pulaski, VA, 24301

Fax: **877 892-3990** | Email: VAoperations@mtm-inc.net

Instructions:

- You must call WellCare at 855-599-3811 on or before the day of your medical appointment. An approval from your health plan is required for each mileage reimbursement request. You will receive an approval number when you call WellCare. You will need to write the number down on your trip log. To be paid for mileage, you must submit a trip log for all trip requests.
- Submit trip logs to MTM no more than 60 days past the date of your appointment.
- Any health care provider at the facility can sign the trip log. This includes nurses, therapists, physician assistants, or nurse practitioners. It doesn't have to be the doctor.
- A round trip is from your home to the appointment and then back home. A one-way trip can be either from your home to appointment only or from appointment back home only.
- Reimbursement will not be provided for trips with more than two legs or one round trip, for example:
 - Round trip=home to doctor and doctor back home
 - 1 leg- home to doctor only or doctor to home only
- If you don't have a trip log, ask your health care provider for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. Once you have a new trip log, attach the note from your health care provider in place of a signature.
- Payment will be issued directly to the provider of the trip, not to the Member within thirty (30) days of receipt of a correct mileage reimbursement trip log from Member. Forms with the Member's information included in the payment section will be rejected. Incomplete forms cannot be processed and will be returned to WellCare . It is your responsibility to complete this form correctly.
- Keep a copy of your trip log for your records.
- Questions about the reimbursement process? Please call: 855-599-3811

Member Info	First Name:		Last Name:		Medicaid #:	
	Address:				Phone:	
	City:			State:	ZIP:	
Payment Info	Make payment payable to:			Relationship to Member:		Date of Birth:
	Address:				Phone:	
	City:			State:	ZIP:	

Mileage Reimbursement Trip Log (Continued)

Medicaid/Medicare ID #: _____

Trip #1	Approval Number (Call WellCare for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Health Care Provider Phone:
	Health Care Provider Name:	Health Care Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Health Care Provider: ▶		
Trip #2	Approval Number (Call WellCare for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Health Care Provider Phone:
	Health Care Provider Name:	Health Care Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Health Care Provider: ▶		
I have completed this form and I verify that the information on this trip log is true.		Signature of Member, Parent/Guardian, or Representative: ▶		



We can help if you speak a different language or need something in Braille or audio. We can provide translations, alternate formats and interpretation services. These services are at no cost to you. Just give us a call toll-free at 1-855-599-3811 (TTY 1-877-247-6272).

Podemos ayudarlo si usted habla un idioma diferente o necesita algo en Braille o audio. Podemos proporcionar traducciones, formatos alternativos y servicios de interpretación. Estos servicios son sin costo para usted. Simplemente llámenos sin cargo al 1-855-599-3811 (TTY 1-877-247-6272).