Gas Reimbursement Driver Registration Form

Please remember to include a photocopy of your driver's license, the vehicle registration and proof of auto insurance when submitting this form. Forms submitted without these attachments will not be approved.

DRIVER INFORMATION (Please attach a photocopy of the driver's license.)		
First Name	Last Name	
Email Address	Phone Number	
Physical Address (Must match address on driver's license. PO Boxes are not accepted.)		
City	State	Zip Code
Driver's License Number	Expiration Date	Issuing State
Social Security Number	Date of Birth (MM/DD/YYYY)	

Relation to Member ☐ Friend ☐ Family Member ☐ Other _____

VEHICLE INFORMATION (Please attach a copy of your auto insurance card and vehicle registration. The vehicle being registered must be on the insurance policy.)		
Auto Insurance Policy Number	Policy Issue Date	Policy Expiration Date
Vehicle Identification Number (VIN)	License Plate Number	

MEMBER DETAILS (You may include no more than five (5) members. If you wish to change your list, you must re-submit your registration.)		
Member Name	Medicaid ID Number	Date of Birth (MM/DD/YYYY)
#1		
#2		
#3		
#4		
#5		

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PAYMENT INFORMATION (Please select only one payment option.)			
☐ Direct Deposit *RECOMMENDED (Expect to receive payment in 1-2 weeks.)			
	Account Holder Name	Bank Account Type ☐ Savings ☐ Checking	
	Routing Number	Account Number	
☐ Physical Check (Expect to receive payment sent to your mailing address in 4-6 weeks.)			
	Mailing Address		
	City	State	Zip Code

Required Attachments:

☐ A copy of your current and valid driver's license

☐ A copy of your current and valid auto insurance card

☐ A copy of your vehicle registration

Terms and Conditions of Participation

1. Before you drive a Medicaid member to their appointment, the member must first get approval for the ride from Veyo. The member can schedule their trip by calling Veyo at 1-855-369-3723, (TTY: 711), Monday – Friday, 7 a.m. to 7 p.m.
2. At the appointment, the doctor will stamp or sign the Gas Reimbursement Form.
3. You will get one gas reimbursement payment for each round trip even if you are driving more than one member.
4. Veyo will use a computer program to determine the shortest distance in miles that your trip should take. The amount of your gas reimbursement payment is based on this mileage calculation. You will be paid per mile. The rate of payment per mile is based on the current mileage rate for state employees. The Louisiana Legislature sets this rate.
5. Veyo will report all driver payments to the Internal Revenue Service (IRS).

6. You must maintain a current and valid driver's license, auto insurance, vehicle inspection and vehicle registration to stay enrolled in the program.
7. The completed Gas Reimbursement Form must be submitted within 365 days from the date you gave the member the ride. Forms received after this deadline will not be paid. *For example, if the ride was given on January 1, Veyo must* ***receive*** *the form no later than December 31.*

Attestation:

By signing below, I promise that the information provided in this application is true and correct. I have read the above terms and conditions. I understand that I must obey these terms and conditions to participate in the program.

I understand I must keep my own copies of all documentation to support any gas reimbursement claim. I understand that the Louisiana Department of Health (LDH) and Veyo have the right to review any gas reimbursement claim to make sure it can be paid. They also have the right to request more information from me about any trips sent in for reimbursement.

_____ _____

Signature of Gas Reimbursement Driver Date

Please submit the original form with your signature to Veyo. Keep a copy for your records.

You can submit completed forms by email, mail, or fax:

Email: mrb@veyo.com

Fax: 1-855-667-2557

Mail: Veyo

Attn: Gas Reimbursement

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