



## Reimbursement Log

Email, fax, or mail completed logs to:

Email: [payme@mtm-inc.net](mailto:payme@mtm-inc.net)

Fax: 1-888-513-1610

MTM, Attention: Trip Logs

16 Hawk Ridge Dr.

Lake St. Louis, MO 63367

### Instructions:

- The member must call MTM at 1-858-905-5697 between the hours of 7 a.m. – 7 p.m. Non-urgent appointments must be scheduled at least 2 days in advance, urgent appointments should be scheduled as early as possible. The number to call can be found on the back of the member's card or by calling member services. The member will receive a trip number during this call. They will need to write the number down on this Reimbursement Trip Log.
- To be reimbursed, the driver must submit a Reimbursement Trip Log for all requests. Each trip must be for a Medicaid covered service. **The driver must also submit valid copies of their Driver's License #, Vehicle Insurance, and Vehicle Registration and prior to requesting mileage reimbursement.**
- Submit each Reimbursement Trip Log no more than 365 days past the date of the appointment.
- A healthcare professional at the facility must sign the Reimbursement Trip Log. *This includes nurses, therapists, physician assistants, or nurse practitioners.* It doesn't have to be the doctor.
- We suggest you make copies of the blank Reimbursement Trip Log. If you need a new copy of this form, you may download this form at [www.memberportal.net](http://www.memberportal.net), or you may call and request one be mailed to you.
- A one-way trip is from the member's home to the appointment. A round trip is from the member's home to the appointment and then back to the member's home. You can submit a one-way trip or a round trip using one form. For trips with more stops, such as an extra trip to the pharmacy after the appointment before going back home, please enter each trip leg on a separate log. For example:
  - 1st leg- home to first doctor
  - 2nd leg- first doctor to pharmacy
  - 3rd leg- pharmacy to home
- Incomplete forms cannot be processed. It is your responsibility to complete this form correctly.
- Keep a copy of the Reimbursement Trip Log for your records.
- If an overpayment is made in error, MTM will deduct that amount from payments made for future trips. MTM will verify member's appointment attendance on all future trips before payment. This could delay payment approval.
- **Questions about the Reimbursement Process? Please call 1-858-905-5697. This phone line is open from 7 a.m. to 7 p.m.**



# Reimbursement Log

<b>Member Info</b>	First Name:	Last Name:		Medicaid #:	
	Address:			Phone:	
	City:	State:	Zip:		
<b>Driver Info</b>	Make payment to:		Relationship to Member:	Date of Birth:	
	Address:			Phone:	
	City:	State:	Zip:		
<b>Trip Details</b>	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way	
	Starting Address: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:	
	Healthcare Provider Name:		Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	<b>Signature &amp; Title of Healthcare Provider:</b> ▶			
		<b>Provider Stamp:</b>			
I have completed this form and I verify that the information on this trip log is true.	<b>Signature of Member, Parent/Legal Guardian, or Representative:</b> ▶				
	<b>Signature of Driver:</b> ▶				

**Trip Log Revised October 2023** This communication contains information that is confidential and is solely for the use of the intended recipient. It may contain information that is privileged and exempt from disclosure under applicable law. If you are not the intended recipient of this communication, please be advised that any disclosure, copying, distribution or unauthorized use of this communication is strictly prohibited. Please also notify MTM at 1-888-561-8747 from 7 a.m. to 7 p.m. and return the communication to the originating address.

If you, or someone you're helping, has questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-561-8747 from 7 a.m. to 7 p.m. Si usted, o alguien a quien usted esté ayudando, tiene preguntas acerca de MTM, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-561-8747 de 7 a 19 horas.

**Non-discrimination.** The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et seq; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).