

CALL A RIDE SERVICE, INC.
249 WEST THIRD ST.
LEWISTOWN, PA 17044
PHONE: 717-242-2277 FAX: 866-349-0859

MATP MILEAGE REIMBURSEMENT FORM

DATE REQUESTED: _____ CLIENT NAME: _____
DATE OF APPT: _____ ADDRESS: _____
ENDING ODOMETER: _____ PHONE: _____
BEGINNING ODOMETER: _____ PARENT NAME: _____
TOTAL MILEAGE: _____

In order to provide mileage reimbursement for out of county trips, you must:

1. Be unable to receive this medical service locally.
2. Have a signed paper from your local doctor stating this service is not available in the county (if you are fee for service)
3. Call each appointment in to the CARS office BEFORE you go to your appt.
4. Upon return, have a signed form from the doctor verifying you received medical treatment from the signed doctor on the date and time of appt.
5. Must have a valid driver's license, current registration and insurance. You must supply this information to us. If someone is driving you, we will need the information of that individual.

We cannot provide reimbursement for prior, unauthorized trips. You must call to prior to your trip. You must provide beginning and ending odometer readings. You must fill out a separate form for each appointment.

If a referral is needed, we must have that process complete before payment can be made.

This form must be completed, signed and returned to our office before reimbursement can be made.

***Payments will be made to the client or the parent or legal guardian of a client if under 18.

If you as the client are paying someone to take you to the doctor, it is up to you to make sure that the individual is reimbursed.

***Mileage Reimbursements are processed bi-weekly. Payments are received every other Wednesday.

Please ask the staff person processing your reimbursement when you may expect a check. Payment schedule attached.

***A request for mileage reimbursement will not be accepted after a 60 day period following your doctor's appointment.

***We use Map Quest to confirm mileage.

***MATP reimburses for mileage from your home, directly to your eligible medical appt., then a direct return to your home.

If you reimbursement is less than \$10, we will hold until that amount is reached or to the end of the quarter.

If you carpool, only the driver will be reimbursed.

I have read and understand the rules and by signing agree: _____
(signature) (date)

PLEASE NOTE: Suspicion of fraud will be reported to the Office Inspector General's office for investigation. Any misuse of funds provided to this service is unacceptable.