



Participant's Missouri Care ID# _____
 Name: _____
 Address: _____
 City, St Zip: _____

Mail or fax completed form no later than 45 days from the date of the appointment to:
 MTM Transportation - CSC Dept
 16 Hawk Ridge Dr
 Lake St Louis, MO 63367
 Fax: 1-888-513-1610

Make my check payable to: _____

Address: _____ City, St Zip _____

Phone #: _____

Relationship to Missouri Care participant (please circle one): Participant Foster Care Provider Parent/Guardian Volunteer Driver PCA

Appointment Date	Appointment Time	Address where you were picked up (if this is your home address write HOME)	Name, Address & Phone Number of Health Care Provider you saw All information must be complete	Round Trip Y or N	(given at time of call) Trip #	I certify that this patient was seen for a Missouri Care 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 participant, participant's parent guardian or representative

PLEASE KEEP A COPY OF YOUR TRIP LOGS FOR YOUR RECORDS. INCOMPLETE FORMS CAN NOT BE PROCESSED. It is your responsibility to complete all columns correctly. MTM will send a check for the completed items. MTM will return any incomplete forms for completion.

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 and return the communication to the originating address.

Appointment Date	Appointment Time	Address where you were picked up (if this is your home address write HOME)	Name, Address & Phone Number of Health Care Provider you saw All information must be complete	Round Trip Yes or No	Trip # (given at time of call)	I certify that this patient was seen for a Missouri Care 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:

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January 18, 2011

Dear Missouri Care member,

Starting February 1, 2011, Medical Transportation Management (MTM) will begin using Trip Logs for mileage reimbursement. This letter is about MTM's mileage reimbursement Trip Logs. To be paid for mileage, you must submit a trip log for all trip requests.

- Submit trip logs no more than 60 days past the date of the first appointment
- Any healthcare professional- *such as a nurse, therapist, physician assistant, or nurse practitioner*- at the facility can sign the trip log; it doesn't have to be the healthcare provider.
- It is suggested that you make copies of your blank Mileage Reimbursement Trip Log. If you need to have a new copy mailed to you, please contact the Customer Service Center at **1-800-695-5791**
- Mileage reimbursement is subject to change based on IRS standard mileage rates. Reimbursement checks are mailed out twice a month.
- A one-way trip is from home to appointment. A round trip is from home to appointment and then from appointment back home.
- A 3 leg trip is an extra trip from the first appointment to a second appointment before going back home. Please enter each leg on a separate line, for example:
 - 1st leg- home to 1st healthcare provider
 - 2nd leg- 1st healthcare provider to 2nd healthcare provider
 - 3rd leg- 2nd healthcare provider to home
- If you don't have a trip log, ask your healthcare provider for a note on their facility letterhead stating you were seen and the date of the appointment. Once a trip log is received in the mail, attach the note from your healthcare provider in place of a signature.
- Mail or fax the completed trip logs to:
MTM-CSC Department Fax number: **1-877-240-6579**
16 Hawk Ridge Dr.
Lake St. Louis, MO 63367
Attention: Trip Logs

Enclosed with this letter is a copy of MTM's trip log for you to make copies of and use for your medical appointments starting October 1, 2010. Please use the enclosed sample for help completing the trip log. You can also call MTM's Customer Service Center at 1-800-695-5791 if you have further questions.

MTM looks forward to working with you.

Sincerely,
MTM, Inc.