

++ **One Person (client)** ++
Per Form

Douglas County Social Services
 809 Elm Street, Suite 1186; Alexandria, MN 56308
 dcss@co.douglas.mn.us

Phone: 320-762-2302
Fax 320-762-3833

REQUEST FOR MEDICAL TRIP REIMBURSEMENT

To receive reimbursement, you must provide verification of the service covered by Minnesota Health Care. For each trip, provide the following:

1. NOTE: Did I prior authorize my medical trip if over 30 miles from Douglas County for regular medical services or over 60 miles from Douglas County for specialty medical services? Did I prior authorize for lodging and/or meals?
2. Verification - Statement or signature from the provider giving date and time of appointment.
3. Receipts for: parking, lodging, meals (detailed originals)
4. We may call provider to verify you showed up for your appointment.

Client First / Last Name _____ **DOB** _____ **PMI #** _____ **Prior Authorized**
(Office Use Only)

Date of Appointment	Time of Appointment	Name and Address of Medical Provider	Signature/ Initial of Medical Provider	Round Trip Mileage <small>See below</small>	Miles <small>(Office Use Only)</small>	Parking <small>(Office Use Only)</small>	Meals <small>(Office Use Only)</small>	Lodging <small>(Office Use Only)</small>
		address						
		address						
		address						
		address						

Driver name: _____
Address: _____

Phone: _____

() **Check if new address**

TOTAL: _____

I declare under penalty of law that this claim is correct and that no portion has been paid by any other person or party and that the charges were actually paid for the purposes stated. I certify that I have accurately reported in this trip log the miles, dates and time I actually drove the recipient. I understand that misreporting miles driven and hours worked is fraud for which I could face criminal prosecution or civil proceedings.

Client/Driver Signature _____ **Date** _____

Mileage will only be reimbursed from home address of person receiving medical care to medical facility and back.

(DCSS 12/2021)

Claims cannot be reimbursed for mileage that is over 30 days old.

Initial _____ Date _____

Transportation that is paid for or reimbursed by Minnesota Health Care programs **MUST** be authorized before the appointment if over 30 miles from Douglas County for regular medical services or over 60 miles from Douglas County for specialty medical services.

Transportation payment or reimbursement is to the nearest facility capable of providing the appropriate level of care needed by client. If you choose to go to another provider, **NONE** of your transportation costs will be paid or reimbursed.

An adult who has the authority to make medical decisions for the minor must accompany minor.

Pharmacy transports are reimbursed **ONLY** if no other means of obtaining pharmacy items is available. (Other means include mail, delivery services, etc.)

IF YOU HAVE A VEHICLE AVAILABLE TO YOU FOR USE, you must provide your own transportation. (You may drive yourself or have a friend or relative drive your car.) Other means (volunteer drivers, bus, etc.) will not be reimbursed.

Transportation must be by the most direct route. Google Maps may be used to verify the distance.

Meals can be reimbursed, if prior approved, when travel is required over normal meal hours based on community standards and you must be required to travel further than 35 miles in the most direct route from home to the medical appointment. - (alcohol and tips are not reimbursable expenses)

Breakfast	Must be in transit to, from, or at medical appointment prior to 6:00 AM \$5.50 maximum
Lunch	Must be in transit to, from, or at medical appointment between 11:00 AM and 1:00 PM \$6.50 maximum
Dinner	Must be in transit to, from, or at medical appointment after 7:00 PM \$8.00 maximum

You must provide detailed receipts for meals, lodging, and parking, except for parking meters, with the signed request.

Lodging and meals must be prior approved.

Lodging, if prior approved, reimbursed up to maximum of \$50.00 per night unless a higher rate is prior authorized by the local county agency. Lodging reimbursement is restricted to appointments scheduled prior to 7:00 am unless prior authorized by the local county agency.

Parking fees will be paid at cost using the most cost effective method (in/out multiple times per day rate vs. daily rate versus weekly/monthly rate)

You need to return your signed request with verifications to our agency by the 5th of each month. Claims are paid by the end of the month. Claims can no longer be reimbursed for mileage that is over 30 days old.

See www.co.douglas.mn.us website / Government / Departments / Social Services / Voucher forms / Medical Mileage Reimbursement Procedures. The reimbursement form is also available on this website.

Appeals: You have the right to ask for a hearing if your request for reimbursement is denied.
You can ask for a hearing by writing to:

Douglas County Social Services
809 Elm St, Suite 1186
Alexandria, MN 56308

OR Minnesota Department of Social Services
Appeals and Regulations
PO Box 64941, St. Paul, MN 55164-0941