



Reimbursement Trip Log



Mail, fax, or email completed logs
and payee information to:

MTM: Trip Logs
16 Hawk Ridge Drive
Lake St. Louis, MO 63367
Fax: 1-888-513-1610

Email: payme@mtm-inc.net

Submit this claim as soon as you can!

Please call MTM Reimbursement Team 1-888-513-0703 if you do not receive payment within 3 weeks

MISS YOUR RIDE? Ask a friend or family member to drive you to your next appointment.

INSTRUCTIONS

1. Call MTM Customer Service at **1-888-828-1254** before your medical appointment.
2. Tell MTM you know someone who can drive you to your medical appointment. Tell MTM you want the driver to get help with their gas. You will get a new **Trip Number** during this call.
3. **Write** the Trip Number on the back of this form.
4. **Take this Trip Log with you to your appointment.** You need to get it signed during your visit. Your doctor, nurse, therapist, physician assistant, or a nurse practitioner can sign this document.
 - ✓ If you forget this trip log at home, ask your doctor for a note on their office letterhead. The note should say that you were seen and the date of the appointment.
5. For trips with many stops, please complete a new trip section for each stop on the back of this form. Add more Trip Logs if you run out of room. For example,
 - ✓ Trip #1 – Travel from home to the first doctor
 - ✓ Trip #2 – Travel from the first doctor to the a second doctor
 - ✓ Trip #3 – Travel from the second doctor to home

SUBMITTING YOUR PAPERWORK

1. **Gather all your paperwork!** After your visit, send us a copy of the following documents.
 - ✓ This **completed** and **signed** Trip Log or verification of attendance on office letterhead.
 - ✓ The **driver's license** of the driver.
 - ✓ The **vehicle registration** of the driver.
 - ✓ **Proof of car insurance** for the driver.
2. **Warning!** Do not forget any of these documents or this claim may be rejected.
3. Mail, fax, or e-mail your paperwork to MTM. See the box above for the contact information.
4. Keep a copy of this request for your records.
5. MTM will not reimburse your driver if any information is missing.
6. MTM will not call you if any information is missing.
7. **Important!** All information must be received within **90** days of your visit. **MTM will not accept late claims.**

TIPS ABOUT YOUR BENEFIT

1. MTM may reimburse up to \$.30 per mile traveled.
2. Members cannot be reimbursed for driving themselves to an appointment.
3. You must have a friend or family member drive you to or from your appointment.

Print a new Trip Log for your next appointment at www.memberportal.net or call MTM for a new form

STOP! Do not forget to attach copies of the driver's car insurance, registration, and driver's license

Member Info	First Name:	Last Name:	Medi-Cal #:
	Address:		Phone:
	City:	State:	Zip:
Payment Info	Make payment to:	Relationship to Member: <input type="checkbox"/> Self <input type="checkbox"/> Other:	Date of Birth:
	Address:		Phone:
	City:	State:	Zip:

Trip #1	Trip Number (MTM will give you this):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Health Care Provider Phone:
	Health Care Provider Name:	Health Care Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Health Care Provider: ▶		

Trip #2	Trip Number (MTM will give you this):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Health Care Provider Phone:
	Health Care Provider Name:	Health Care Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Health Care Provider: ▶		

Trip #3	Trip Number (MTM will give you this):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Health Care Provider Phone:
	Health Care Provider Name:	Health Care Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Health Care Provider: ▶		

I completed this form. I verify the information on this Trip log is true.	Signature of Member, Parent/Legal Guardian, or Representative: ▶
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ENGLISH

Partnership HealthPlan of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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.

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).

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 888-561-8747.

SPANISH

Partnership HealthPlan de California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Esta comunicación contiene información que es confidencial y es únicamente para el uso del destinatario. Puede contener información privilegiada y exenta de divulgación según la ley aplicable. Si no es el destinatario de esta comunicación, tenga en cuenta que cualquier divulgación, copia, distribución o uso no autorizado de esta comunicación está estrictamente prohibido. También notifique a MTM al 1-888-561-8747 y devuelva la comunicación a la dirección de origen.

El cliente tiene derecho a recibir servicios de conformidad con el Título VI de la Ley de Derechos Civiles de 1964, 42 U.S.C.A., 2000d, et seq; 504 de la Ley de Rehabilitación de 1973, 29 U.S.C.A. 794; la Ley de Estadounidenses con Discapacidades de 1990, 42 U.S.C.A. 12101, et seq; y todas las enmiendas a cada uno, y todos los requisitos impuestos por las regulaciones emitidas de conformidad con estas Leyes, en particular 45 C.F.R. Parte 80 (en relación con la raza, el color, el origen nacional), 45 C.F.R. Parte 84 (relacionada con la discapacidad), 45 C.F.R. Parte 86 (relacionada con el sexo) y 45 C.F.R. Parte 91 (relativa a la edad).

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 888-561-8747.

TAGALOG

Ang Partnership HealthPlan ng California ay sumusunod sa mga angkop na pederal na batas sa mga karapatang sibil at hindi nagpakita ng diskriminasyon batay sa lahi, kulay, bansang pinanggalingan, edad, kapansanan o kasarian.

Ang komunikasyon na ito ay naglalaman ng impormasyon na kompidensyal at para lamang sa paggamit ng nilayon na tatanggap. Maaaring naglalaman ito ng impormasyong may pribilehiyong at kawalang laya mula sa pagsisiwalat sa ilalim ng naaangkop na batas. Kung hindi ka sinasabing tagatanggap ng komunikasyon na ito, mangyaring ipaalam ang anumang pagsisiwalat, pagkopya, pamamahagi o hindi

awtorisadong paggamit ng komunikasyon na ito ay mahigpit na ipinagbabawal. Mangyaring ipaalam din sa MTM sa 1-888-561-8747 at ibalik ang komunikasyon sa pinagmulan ng address.

Ang kliyente ay may karapatang tumanggap ng mga serbisyo sa pagsunod sa Title VI ng Batas Karapatan ng mga Batas ng 1964, 42 U.S.C.A., 2000d, et seq; 504 ng Batas sa Rehabilitasyon ng 1973, 29 U.S.C.A. 794; ang mga Amerikanong may Kapansanan Batas ng 1990, 42 U.S.C.A. 12101, et seq; at lahat ng susog sa bawat isa, at lahat ng mga iniaatas na ipinataw ng mga regulasyon na ibinigay alinsunod sa mga Gawa na ito, sa partikular 45 C.F.R. Bahagi 80 (na may kaugnayan sa lahi, kulay, pinagmulan ng bansa), 45 C.F.R. Bahagi 84 (may kaugnayan sa kapansanan), 45 C.F.R. Bahagi 86 (na may kaugnayan sa kasarian), at 45 C.F.R. Bahagi 91 (na may kaugnayan sa edad).

Kung ikaw, o isang taong iyong tinutulungan, ay may mga katanungan tungkol sa MTM, mayroon kang karapatang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa 888-561-8747.

RUSSIAN

Partnership HealthPlan of California соответствует применимым федеральным законам о гражданских правах и не допускает дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, инвалидности или пола.

Это сообщение содержит информацию, которая является конфиденциальной и предназначена исключительно для использования предполагаемым получателем. Он может содержать информацию, которая является привилегированной и не подлежит разглашению в соответствии с действующим законодательством. Если вы не являетесь предполагаемым получателем этого сообщения, имейте в виду, что любое раскрытие, копирование, распространение или несанкционированное использование этого сообщения строго запрещено. Просьба также уведомить MTM по телефону 1-888-561-8747 и вернуть сообщение на исходный адрес.

Клиент имеет право на получение услуг в соответствии с Разделом VI Закона о гражданских правах 1964 года, 42 U.S.C.A., 2000d, et seq; 504 Закона о реабилитации 1973 года, 29 U.S.C.A. 794; Закон об американцах-инвалидах 1990 года, 42 США. 12101, et seq; и все поправки к каждому, и все требования, налагаемые правилами, изданными в соответствии с этими законами, в частности 45 C.F.R. Часть 80 (относительно расы, цвета кожи, национального происхождения), 45 C.F.R. Часть 84 (касающаяся гандикапа), 45 C.F.R. Часть 86 (касающаяся пола) и 45 C.F.R. Часть 91 (относительно возраста).

Если у вас или у кого-то, кому вы помогаете, есть вопросы о MTM, вы имеете право бесплатно получить помощь и информацию на своем языке. Чтобы поговорить с переводчиком, звоните 888-561-8747.