

# Mileage Reimbursement Driver Registration Form



This form can be used to request reimbursement for driving a Texas Children's Health Plan member to and from medical appointments. MTM must receive the completed form via mail, email or fax within 30 days of the medical appointment listed on the form. The form must be filled out completely to receive payment.

<b>DRIVER INFORMATION</b> (Please attach a photocopy of the driver's license.)		
First Name	Last Name	
Email Address	Phone Number	
Driver's License Number	Expiration Date	Issuing State
Relation to Member <input type="checkbox"/> Friend <input type="checkbox"/> Family Member <input type="checkbox"/> Other _____		

<b>VEHICLE INFORMATION</b> (Please attach a copy of your insurance card and vehicle registration. The vehicle being registered must be on the insurance policy.)		
Auto Insurance Policy Number	Policy Issue Date	Policy Expiration Date
Vehicle Identification Number (VIN)	License Plate Number	

<b>PAYMENT INFORMATION</b> (Please select only one payment option.)		
<input type="checkbox"/> Direct Deposit *RECOMMENDED (Expect to receive payment in 1-2 weeks.)		
Account Holder Name	Bank Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Routing Number	Account Number	
<input type="checkbox"/> Physical Check (Expect to receive payment sent to your mailing address in 4-6 weeks.)		
Mailing Address		
City	State	Zip Code

### Required Attachments:

- A copy of your current and valid driver's license
- A copy of your current and valid auto insurance card
- A copy of your vehicle registration

## ***Terms and Conditions of Participation***

1. Before you drive a Medicaid member to their appointment, the member must first get approval for the ride from MTM. The member can schedule their trip by calling MTM at (888) 401-0170, Monday-Friday, from 8 a.m. to 5 p.m.
2. At the appointment, the doctor will stamp or sign the Mileage Reimbursement Form.
3. You will get one mileage reimbursement payment for each round trip even if you are driving more than one member.
4. MTM will use a computer program to determine the shortest distance in miles that your trip should take. The amount of your gas reimbursement payment is based on this mileage calculation. You will be paid per mile. The rate of payment per mile is based on the current mileage rate for state employees. This rate is set by the Texas Legislature.
5. All payments to drivers will be reported by MTM to the Internal Revenue Service (IRS).
6. You must maintain a current and valid driver's license, auto insurance, vehicle inspection and vehicle registration to remain enrolled in the program.
7. The completed Mileage Reimbursement Form must be submitted within 30 days from the date you gave the member the ride. Forms received after this deadline will not be paid. *For example, if the ride was given on January 1, the form must be **received** by MTM no later than January 31.*

### ***Attestation:***

*By signing below, I promise that the information provided in this application is true and correct. I have read the above terms and conditions. I understand that I must obey these terms and conditions to participate in the program.*

*I understand I must keep my own copies of all documentation to support any mileage reimbursement claim. I understand that Texas Children's Health Plan and MTM have the right to review any mileage reimbursement claim to make sure it can be paid. They also have the right to request more information from me about any trips sent in for reimbursement.*

\_\_\_\_\_  
Signature of Mileage Reimbursement Driver

\_\_\_\_\_  
Date

**Please mail the original form with your signature to MTM.  
Keep a copy for your records. You can submit completed forms by email, fax, or mail:**

**Email:** txgmr@mtm-inc.net

**Fax:** 888-407-0936

**Mail:** MTM, Attn: Mileage Reimbursement

16 Hawk Ridge Circle

Lake St. Louis, MO 63367