



Meridian
Health Plan

New Hampshire
900 Elm Street, Suite 1800
Manchester, NH 03101
603-263-7000
Provider Services: 877-480-8250
Member Services: 855-291-5221
www.mhplan.com

Member Mileage Reimbursement Form

Member Information			
Member Name (first & last):			
Address:			
City, State ZIP:			
Telephone:			
Medicaid ID Number:			
Driver Information (If not the member) <input type="checkbox"/> Vendor? Check here			
Payee Name (if different from member):			
Address:			
City, State ZIP:			
Telephone:			
Relationship to Member (circle one):		Self / Parent or Guardian / Household Member / Other (specify): _____	
Trip Information			
Trip Date:			
Starting Location (full address required):			
Ending Location (full address required):			
Name of Provider:			
Total Miles:		<input type="checkbox"/> One way <input type="checkbox"/> Round trip	
Other Fees Incurred (tolls, parking fee, bus fee):		Note: Receipts are required for any fee incurred over \$3.00	
Provider Section (Please have your provider fill this section out)			
Provider Name (please print):			
Specialty:		Date of Appointment:	
"I certify that New Hampshire Medicaid services were rendered for the recipient listed above on the trip date above."			
Provider Signature:			
Today's Date:			
Please submit this form and any receipts via mail or fax to:			
New Hampshire Mileage Reimbursement Team 2500 Abbott Place St. Louis, MO 63143 Fax: 314-951-7475			
Any reimbursement forms received after 90 days of the scheduled trip will not be eligible for mileage reimbursement.			
For Meridian Transportation Vendor Use Only			
Receipts Verified?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount to be Reimbursed: \$	

Please contact Meridian Member Services at 855-291-5221 if you have questions about this form.