

**LogistiCare  
Nevada Gas Mileage Reimbursement  
Form**

**Check should be made payable to:**

Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Medicaid Recipient Information:**

Name: \_\_\_\_\_

Medicaid ID No.: \_\_\_\_\_

Name of Attendant: \_\_\_\_\_

**All trips that are scheduled within a week should be  
included on this form.**

**IMPORTANT: Form must be filled out completely in order to receive reimbursement.**

Day	Date	Job Number	Member Name	Total Miles	Doctor's Name	Doctor's Signature or Stamp/Acceptable documents are Doctor Receipt or Pharmacy slip
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

\*\*Please be advised that gas reimbursement will only be paid after the 25th mile one way or at the 50th mile in one week. This reimbursement will be paid at \$0.24 cents per mile. For an approved GR/Volunteer driver the reimbursement will be paid at \$0.48 from mile one.

MAIL TO:  
Logisticare-Attn:Nevada Claims  
2552 W. Erie Drive, Ste. #101  
Tempe, AZ 85282

Call LogistiCare Billing Department at 1-877-564-5665 for claim inquiries only. All other inquiries call NV office at 1-888-737-0829



## **GAS MILEAGE REIMBURSEMENT – INSTRUCTIONS**

Mileage reimbursement is available to individuals who transport Medicaid eligible patients to and from medical appointments.

### **A PRIOR AUTHORIZATION IS REQUIRED**

UNFORTUNATELY, LOGISTICARE WILL NOT AUTHORIZE PAYMENT FOR TRIPS THAT HAVE ALREADY TAKEN PLACE, THEREFORE IT IS VERY IMPORTANT THAT A CONFIRMATION NUMBER IS OBTAINED BEFORE THE TRIP.

**\*\*\*Reservations can be made online at <https://member.logisticare.com>**

*(For Dialysis clients: If you are currently in our reservation system as a “prescheduled” rider, you will need to make one phone call to Logisticare each month, which is to obtain a confirmation number for the FIRST day of service for that specific month.)*

**TO REQUEST A CONFIRMATION NUMBER**, please contact our reservations line at 1-888-737-0833 AT LEAST 5 BUSINESS DAYS PRIOR TO THE TRIP.

And when setting your reservation, please, provide the following information to the customer service representative:

- Member’s Medicaid ID No.
- Member’s home address (including zip code), and phone no.
- Doctor’s name, address (including zip code), and phone no.
- Driver’s name, address, and social security number (for payment purposes)
- You must state who the driver will be, which must match the driver’s info listed on the form
- Total number of miles

### **HOW TO COMPLETE AND PROCESS FORM:**

1	Write down the date, job number, member name, Total miles traveled, and doctor name in the spaces provided
2	Take the form with you to the doctor office or medical facility
3	Please request that doctor or nurse sign the form; if not LogistiCare will accept a receipt from the doctor office or a discharge papers from the office/facility.
4	After your appointment, please submit completed forms along with the doctor or pharmacy receipts to the LogistiCare Claims office at the Arizona address listed on the trip log.
5	If the appointment is to the pharmacy, please attach a copy of the pharmacy slip with the trip log when billing.

**NOTE:** As an approved Gas Reimbursement/Volunteer Driver, you cannot be the recipient or the legally responsible individual for the recipient. A Gas Reimbursement/Volunteer Driver is a friend, neighbor, or family member who is willing to drive the recipient to his/her Medicaid covered appointments. **PCA's are not covered**

**Reminder:** trips less than 25 miles one way are not subject for reimbursement.

**REMEMBER TO RECEIVE PAYMENT:** please submit your trip log and receipts to our Claims office after your appointment; and no later than 60 days from the date of the appointment. LogistiCare will not process forms that are submitted prior to the date of the appointment. **\*\*\*You can download blank forms at <https://memberinfo.logisticare.com>\*\*\***

Reminder: Mail invoices to the address on the invoice form.