



MEDICAL MILEAGE PAYMENT REQUEST FORM

Date: _____

Client Name: _____ Client Date of Birth: _____ Client OHP ID#: _____

Client Phone Number: _____ Client Home Address: _____

If this payment should go to someone other than the above client, note that on the next line:

Name of Payee: _____ Mailing Address for Payment: _____

Trip Date	From Address	To Address	Provider Phone	Reason for Trip
1/21/09	123 My Street, Dallas, OR 97338	Dr. Smith, 223 Main St., Salem OR	503-373-0000	Visit with my doctor

WVCH will use the "From" and "To" addresses for the number of miles.

WVCH may pay you for car trips to **OHP covered services**. An **OHP covered service** might be to a covered doctor, dentist or therapy visit. It can also be to pick up drugs that cannot be sent to your home. Travel is only covered if you have no other way to get to your **OHP covered service**. Call WVCH Customer Service at 503-584-2150 if you would like to get a free bus pass to get to your covered service. If you aren't able to use the bus you may call Cherriots at 503-315-5544 to see if you can use their free ride service. **If you need help filling out this form, or need it in another language or format, please call Customer Service at 503-584-2150, TTY 711.**

Mail this form to: WVCH Attn: Travel Reimbursement: 2995 Ryan Dr SE Suite 200, Salem, OR 97301

Client/Authorized Representative Signature: _____ Date: _____

WVCH must have this form within 45 days of the oldest travel date on the form.

Oregon Health Plan rules for Travel, Meals and Lodging Reimbursement to clients OAR 410-136-3240:

Payment for travel for an **OHP covered services** will only be made if the CCO approves it. The member must return this form to the CCO before payment can be made.

Mileage Payment

Mileage will only be paid to go to or from an **OHP covered service**.

The CCO will not pay for your gas. OHP limits payment to \$.25 per mile that you travel.

Members must call Triplink at 503-315-5544 to see if there are other ways to get to the OHP covered service.

If a person other than the client or the minor client's parent or legal guardian provides the ride, the brokerage may reimburse the person who provided the ride. However, the client or the minor client's parent or legal guardian must approve in writing of the reimbursement.

Attendant Payment

The CCO shall not reimburse for the attendant's time or services to visit a client in the hospital, unless the physician provides a signed statement of the medical need. This exclusion includes, but is not limited to, parents of minors, breastfeeding mothers and spouses.

The CCO may not pay you if:

The CCO finds that you did not attend the appointment or shared the ride with another client whom the CCO also paid.

The travel was not within 45 days of the date WVCH gets this form. OAR 410-136-3240 (1).

You were not covered on the plan at the time.

If you traveled for a service not covered by the Oregon Health Plan.