

Date

Name

Address

City, State Zip

Dear WVCH member,

We have enclosed a blank reimbursement form with this letter. Feel free to make copies of the blank form for any future trips. You can also contact the LogistiCare Reservation Line to request blank copies of the form or find an online version of the form at Member Information Website www.wvchride.net.

Please note that your healthcare provider must sign the form as proof that you were at your appointment. If your form is incomplete, you will not receive payment for your trip.

Here's how it works:

1. We recommend that you call to schedule your trip at least **2 business days** before your appointment to a covered medical service.
2. When you call to schedule your trip you will receive a trip number. This trip number is required on the reimbursement form. **Write down the trip number and date of your trip on the reimbursement form as soon as you get it from the LogistiCare reservation specialist!** Forgetting to add this is a common mistake and will cause your reimbursement to be denied. Be sure to add it to your form before you forget!
3. You must fill out the entire form **except** for the space for "Physician/Clinician Signature" that is where your medical, mental health or dental provider will sign.
4. Take the form with you to your appointment and have your healthcare provider sign it. Your healthcare provider should sign in the "Physician/Clinician Signature" space on the form. You can also provide dated proof of attendance from your doctor's office, your pharmacy slip or your discharge papers.
5. You can put up to seven trips on one form. Reimbursement is not based on round trip, you must record both ways (legs) separately. For each trip leg the distance will be calculated as the number of miles from your home to your healthcare appointment.
6. **Please note that there can only be one driver on a form.** You must complete and send a separate form for each of the people driving you to your appointments. This is so we can send each driver a check.

More information on the back of this letter

7. Once your form is complete, mail it to:
LogistiCare Claims Department
Oregon Mileage Reimbursement
2552 West Erie Drive, Suite 101
Tempe, AZ 85282-3100
8. The payment will be mailed within 30 days of the LogistiCare Claims Department receiving your completed reimbursement form.
9. You will not be reimbursed for requests received more than 45 days after the travel.
10. If you have any questions, issues or concerns, please call the LogistiCare Claims Department at 1-877-564-5665. If a live claims representative is unable to answer your call, please leave a detailed voice message. Messages will be returned within one business day. Be sure you leave the best phone number to reach you in your voice message.