

Dear Nevada Medicaid 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 (<https://memberinfo.logisticare.com>).

Please note that your doctor/counselor must sign the form as proof that you were at your appointment. You can also provide a receipt from your doctor's office, a pharmacy slip or your discharge papers. If your form is incomplete, you will not receive payment for your trip. The distance will be calculated as the number of miles from your home to your medical appointment.

Here's how it works:

1. We recommend that you call to schedule your trip at least **5 days** before your medical appointment. **LogistiCare will be unable to reimburse for trips that have already occurred!**
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" and the box stating "Do not write in this space".
4. Take the form with you to your medical appointment and have your doctor or counselor sign it. Your doctor or counselor should sign in the "Physician/Clinician Signature" space on the form. You can also provide the receipt from your doctor's office, your pharmacy slip or your discharge papers.
5. You can put up to seven trips on one form. For each trip leg the distance will be calculate as the number of miles from your home to your medical 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 medical appointments.
7. Once your form is complete, mail it to:
**LogistiCare Claims Department
Nevada Medicaid Mileage Reimbursement
2552 West Erie Drive Suite 101
Tempe, AZ 85282-3100**
8. You can also fax your form to 877-457-3339.
9. The payment will be mailed within 30 days of the LogistiCare Claims Department receiving your completed reimbursement form.
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.