



Dear 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 the 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. 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. 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!
2. You must fill out the entire form **except** for the space for "Physician/Clinician Signature".
3. 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.
4. You can put up to six trips on one form.
5. **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.
6. Once your form is complete, you can submit it one of the following ways:

Mail:
LogistiCare Claims Department
Mileage Reimbursement
2552 West Erie Drive, Suite 101
Tempe, AZ 85282-3100

Email:
LGTCReimbursement@logisticare.com
Subject: OK Mileage Reimbursement (Last Name, First Name)

Fax:
1-855-848-8636

7. The payment will be mailed within 15 days of the LogistiCare Claims Department receiving your completed reimbursement form.
8. If you have any questions 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.