



**MODIVCARE EXPENSE REPORT- Maine**  
**Must be sent to:** Modivcare- UR Department  
 400 Southborough Drive  
 South Portland, ME 04106

**Check should be made payable to:** \_\_\_\_\_

**MaineCare Member Information:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ MaineCare ID#: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ MODIVCARE AUTHORIZATION/JOB#: \_\_\_\_\_

Receipts for ALL expenses  
 must be INCLUDED with this Expense Report.

IMPORTANT: Form must be filled out completely in order to receive reimbursement. All receipts must be received no later than 60 days after the last appointment. Receipts received after the 60 day period will not be processed.

Date:							
	SUN	MON	TUES	WED	THURS	FRI	SAT
Breakfast							
Lunch							
Dinner							
<b>Meals Total:</b>							
Lodging							
Other:							
<b>Grand Total:</b>							

Member/ guardian signature: \_\_\_\_\_

**Total Amount: \$**

**Total amount requested:** \_\_\_\_\_ **Total amount approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Processed by:** \_\_\_\_\_