

Meal and Lodging Authorization Form

Today's Date: _____

Patient Name: _____ D.O.B: _____ Phone#: _____

Insurance Plan Name: _____ Member ID#: _____

Parent (Guardian/Escort) Name: _____ Phone Number: _____

REQUESTING FACILITY CONTACT INFO:

Medical Facility: _____ Name (Title): _____

Facility Phone: _____ Facility Fax: _____ Email: _____

DIAGNOSIS: _____

PLANNED TREATMENT:

Appointment summary is required to support the need for Meals and Lodging reimbursement for members.

Service Requested: (e.g., Meals, Lodging): _____

Transportation (circle one): vehicle pickup | gas reimbursement ****If transport needed, list date/s:** _____

****If gas reimbursement, driver name/ mailing address:** _____

Hotel Name (Phone/Fax Number): _____

Meal Provider: _____

MEDICAID RATES (Member reimbursement – date/time stamped receipts needed):

Lodging: (If inpatient child - one caregiver or guardian of child only) \$75.00 per day maximum

Meals: (If inpatient child - one caregiver or guardian) \$8.50 breakfast | \$8.50 lunch | \$19.00 dinner

*****Note:** Medicaid Provider Manual: 6.2 Meals:

Breakfast: vehicle departs before 6am returns after 8:30am / **Lunch:** vehicle departs before 11:30am returns after 2:00pm /

Dinner: vehicle departs before 5:30pm returns after 8:00pm

Hospital Facility Meal & Lodging Reimbursement (inpatient or outpatient setting)

Meals: (member and/or one caregiver) \$19.00 per diem each

Lodging: (member and/or one caregiver) \$75.00 per day maximum

****Note:** If suggested donation amount to the general public is lower than \$75.00 per day, Medicaid will reimburse at the lower, general public rate.

****A detailed invoice is requested within 120 days and no later than 180 days of service.****

Determination:

Date received request from facility: _____

ModivCare Representative: _____

Healthplan Representative: _____

SUBMIT FORMS/BILLING:

Attn: ModivCare MI Facility Dept.

Fax: (866) 569-1910 | Email: mipriorauth@modivcare.com

Questions regarding meals and lodging: **TREATING PROVIDERS/SOCIAL WORKERS ONLY:**

Phone: (866) 569-1908 Opt. 2

Updated 8/01/2024