



**modivcare**

**Gas Reimbursement Department**  
P.O. Box 464  
North Haven, CT 06473

### **Gas Reimbursement Guidelines (all Medicaid Health Plans)**

Please follow these steps when requesting mileage reimbursement:

1. Call Modivcare in advance to set up a reimbursement reservation. Get a confirmation number from the representative and document that confirmation number(s) with the coordinating date(s) in the space provided on the form. **ALL trips should be called into Modivcare prior to mailing the form.**
2. **Take the Reimbursement form with you to the medical appointment.**
3. Fill out the form **completely**. Be sure to include the following information:
  - Your first and last name, full address, and telephone number.
  - If you want your check mailed to a different address, you must specify this in the reimbursement invoice
  - If the member is a child, please remember to add name of Supervising Relative/Guardian.
  - Your State Medicaid ID number.
  - Medical appointments, complete address and name of attending Physician/Clinician.
  - Confirmation number, total number of visits and dates traveling. If travel is on a monthly basis (Example: conf # 1385 Aug-09 Mon, Wed, and Fri, 13 visit), the total number of visits must match the dates of travel.
4. **Your physician/clinician must sign and fill in specific dates you attended the facility. Physician/Clinician signature must be legible and they must print out their name. They must sign the form on or after the date(s) of service.**
5. Mail the signed and completed form to Modivcare at the below address **within 30 days** of the date of your appointment.
6. When sending in forms, only send in for past appointments up to **1 Month** back. If appointments are not within that month period, reimbursement will be **denied**.

**When traveling with another member, in the same household, to the same place on the same day, we will only issue ONE reimbursement check.**

**Note:** Modivcare pays based on the mileage from [www.bing.com/maps](http://www.bing.com/maps) at a rate of \$0.35/mile. Should there be any mileage issues, please contact our Gas Reimbursement Department.

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**Reservations:**

**Affinity Health Plan – 1-866-475-5749**

**AmeriChoice by UnitedHealthcare - 1-866-913-2497**

**WellCare NY Medicaid (Healthy Choice) & FHP- 1-866-417-0292**

**WellCare MLTC (Advocate) & Medicaid Advantage Plus (Advocate Complete)-1-866-417-0301**

**Fax: 1-877-457-3334**