

One Person (Client)
per Form

Wadena County Human Services
124 First Street SE, Wadena MN 56482

Phone: 218-631-7605
Fax: 218-631-7616

REQUEST for MEDICAL TRIP REIMBURSEMENT

To receive reimbursement, you must provide verification of the service covered by Minnesota Health Care. For each trip, provide the following:

- NOTE: Did I prior authorize my medical trip, if over 30 miles from Wadena County, for regular medical services, or over 60 miles from Wadena County for specialty medical services? Did I prior authorize for lodging and/or meals?
- Verification: statement or signature from the provider, giving date and time of appointment.
- Receipts for: parking, lodging, meals (detailed originals).
- We may call provider to verify you showed up for your appointment.

Client First & Last Name: _____ DOB: _____ PMI: _____ Prior Authorized

Appointment Date	Appointment Time	Name & Address of Medical Provider	Signature/Initials of Medical Provider	Office Use Only				
				Round Trip Mileage	Miles	Parking	Meals	Lodging
		address						
		address						
		address						
		address						

Driver Name: _____

Address: _____ () Check if new address

I declare, under penalty of law, that this claim is correct and that no portion has been paid by any other person, or party, and that the charges were actually paid for the purposes stated. I certify that I have accurately reported, in this trip log, the miles, dates, and times I actually drove the recipient. I understand that misreporting miles driven, and hours worked, is fraud for which I could face criminal prosecution or civil proceedings.

Client/Driver Signature: _____ Date: _____

Mileage will only be reimbursed from home address of person receiving medical care to medical facility and back.

Initial _____ Date _____

Claims cannot be reimbursed for mileage that is over 60 days old.

(WCHS 11/2022)

Transportation that is paid for or reimbursed by Minnesota Health Care programs **MUST** be authorized before the appointment if over 30 miles from Wadena County for regular medical services, or over 60 miles from Wadena County for specialty medical services.

Transportation payment, or reimbursement, is to the nearest facility capable of providing the appropriate level of care needed by client. If you choose to go to another provider. **NONE** of your transportation costs will be paid or reimbursed.

An adult who has the authority to make medical decisions for the minor must accompany the minor.

Pharmacy transports are reimbursed **ONLY** if no other means of obtaining pharmacy items is available. (Other means include mail, delivery services, etc.)

IF YOU HAVE A VEHICLE AVAILABLE TO YOU FOR USE, you must provide your own transportation. (You may drive yourself, or have a friend or relative drive your car.) Other means (volunteer drivers, bus, etc.) will not be reimbursed.

Transportation must be by the most direct route. Google Maps may be used to verify the distance.

Meals can be reimbursed, if prior approved, when travel is required over normal meal hours based on community standards and you must be required to travel further than 35 miles in the most direct route from home to the medical appointment. (Alcohol and tips are not reimbursable expenses.)

Breakfast	Must be in transit to, from, or at medical appointment prior to 6:00 a.m.	\$5.50 maximum
Lunch	Must be in transit to, from, or at medical appointment between 11:00 a.m. and 1:00 p.m.	\$6.50 maximum
Dinner	Must be in transit to, from, or at medical appointment after 7:00 p.m.	\$8.00 maximum

You must provide **detailed** receipts for meals, lodging, and parking, except for parking meters with the signed request.

Lodging and meals must be prior approved.

Lodging, if prior approved, reimbursed up to maximum of \$50.00 per night, unless a higher rate is prior authorized by the local county agency. Lodging reimbursement is restricted to appointments scheduled prior to 7:00 a.m., unless prior authorized by the local county agency.

Parking fees will be paid at cost, using the most cost-effective method (in/out multiple times per day rate vs daily rate versus weekly/monthly rate).

Appeals: You have right to ask for a hearing, if your request for reimbursement is denied.
You can ask for a hearing by writing to:

Wadena County Human Services
124 First Street SE
Wadena MN 56482

OR
Minnesota Department of Human Services
Appeals and Regulations
Box 64941
St Paul MN 55164-0941