Reimbursement Trip Log

home state health | Show Me Healthy Kids MANAGED BY HOME STATE HEALTH

Email, fax, or mail completed logs to:

Email: payme@mtm-inc.net

Fax: 1-888-513-1610

MTM, Attention: Trip Logs
16 Hawk Ridge Dr.
Lake St. Louis, MO 63367

Instructions

- You must call MTM on or before the day of your medical appointment. The number to call is 1-866-269-5927. You will receive a trip number during this call. You will need to write the number down on this Reimbursement Trip Log. To be reimbursed, you must submit a Reimbursement Trip Log for all trip requests.
- Submit Reimbursement Trip Logs no more than 60 days after the date of the first appointment.
- A healthcare professional at the facility must sign the Reimbursement Trip Log. This includes nurses, therapists, physician assistants, or nurse practitioners. It does not have to be the doctor.
- We suggest you make copies of your blank Reimbursement Trip Log. If you need a new copy of this form, you may download this form at www.memberportal.net, or you may call and request one be mailed to you.
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, please enter each trip leg on a separate line, for example:
  - » 1st leg- trip from home to first doctor
  - » 2nd leg- trip from first doctor to second doctor
  - » 3rd leg- trip from second doctor to home
- Incomplete forms cannot be processed. It is your responsibility to complete this form correctly.
- Keep a copy of your Reimbursement Trip Log for your records.

Questions about the reimbursement process? Please call MTM at **1-888-513-0703** or your Health Plan:

Home State Health: **1-855-694-4663**, TTY: 711 ▪ Show Me Healthy Kids: **1-877-236-1020**, TTY: 711.

Participant Info	First Name:	Last Name:		MO HealthNet #:
	Address:			Phone:
	City:	State:		Zip:
Payment Info	Make payment to:	Relationship to Participant: ☐ Self ☐ Other:		Date of Birth:
	Address:			Phone:
	City:	State:		Zip:

Gas Mileage Reimbursement is subject to limitations at the approval of Home State Health/Show Me Healthy Kids.

Reimbursement Trip Log Revised August 2020. This communication contains information that is confidential and is solely for the use of the intended recipient. It may contain information that is privileged and exempt from disclosure under application law. If you are not the intended recipient of this communication, please be advised that any disclosure, copying, distribution or unauthorized use of this communication is strictly prohibited. Please also notify MTM at **1-888-561-8747** and return the communication to the originating address. If you, or someone you're helping, has questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call **1-888-561-8747.**

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MTM

Reimbursement Log (Continued)

Trip #1	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #6	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #7	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Starting Address: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Destination Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		

I have completed this form and I verify that the information on this Trip Log is true.	**Signature of Participant, Parent/Legal Guardian, or Representative:** ▶

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If you, or someone you're helping, has questions about Home State Health, you have the right to get help and information in your language at no cost. American Sign Language interpreter services are available as well. For Show Me Healthy Kids interpreter services, call 1-877-236-1020 (TTY/TDD 711). For Home State Health interpreter services, call 1-855-694-4663 (TTY/TDD 711).

Si usted, o alguna persona a la que ayuda, tiene preguntas sobre Home State Health, tiene derecho a recibir ayuda e información en su idioma sin ningún costo. Además, hay servicios de interpretación en lenguaje de signos americanos. Para los servicios de interpretación de Show Me Healthy Kids, llame al 1-877-236-1020 (TTY/TDD 711). Para los servicios de interpretación de Home State Health, llame al 1-855-694-4663 (TTY/TDD 711).

如果您或者您帮助的人对Home State Health有疑问，您有权免费以您的语 言得到帮助和相关信息。我们也提供美国手语口译服务。如果需要Show M e Healthy Kids口译服务，请致电1-877-236-1020 (TTY/TDD 711)。如果需要Home State Health口译服务，请致电1-855-694-4663 (TTY/TDD 711)。

Home State Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Home State Health cumple con las leyes Federales de derechos civiles correspondientes y no discrimina con base en la raza, el color, la nacionalidad, la edad, la discapacidad o el sexo.

Home State Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。