



# Mileage Reimbursement Form

The driver must fill out this form. Send a copy of your driver's license and valid auto insurance certificate if this is your first time filling out this form. HAP CareSource will run a background check and sanction screening for drivers to get reimbursement.

## MEMBER AND DRIVER INFO

Member's name: \_\_\_\_\_ Member's ID #: (11 digits) \_\_\_\_\_  
Driver's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Driver's address (city, state, zip): \_\_\_\_\_  
Relation to member: \_\_\_\_\_  
Member's address (city, state, zip): \_\_\_\_\_

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## APPOINTMENT INFO

Date of appointment: \_\_\_\_\_  
Facility/Doctor name: \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_  
Phone: \_\_\_\_\_ Total miles roundtrip: \_\_\_\_\_  
Appointment confirmed by: \_\_\_\_\_  
(Note: Doctor/facility signature needed for processing)

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Facility/Doctor Name: \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_  
Phone: \_\_\_\_\_ Total miles roundtrip: \_\_\_\_\_  
Appointment confirmed by: \_\_\_\_\_  
(Note: Doctor/facility signature needed for processing)

## ATTESTATION

- I will follow all public laws, ordinances, and rules while driving.  
Yes  or No
- At the time of transport, my driver's license wasn't restricted or suspended.  
Yes  or No
- I have not been convicted under federal or state law after <August 21, 1996>, for a felony criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.  
Yes  or No
- I do not have any of the following convictions in the past two years:
  - i. More than two moving violations
  - ii. Operating While Intoxicated (OWI)
  - iii. Driving Under the Influence (DUI)Yes  or No

## REIMBURSEMENT DETAILS

- Mileage is paid at the current IRS mileage rates.
- Google Maps is used to find out the distance between the pickup and drop-off spots.
- A check will be sent to the member or documented driver within 30 days from receipt of reimbursement request.
- HAP CareSource reserves the right to deny reimbursement based on background check results.
- Mail the filled-out form and needed documents to:
  - <HAP CareSource
  - Attn: Customer Service Mileage Reimbursement
  - P.O. Box 1025
  - Dayton, OH 45401>

## QUESTIONS?

Call Member Services at **1-833-230-2053 (TTY: 711)**, 24 hours a day, seven days a week.

## HAP CARESOURCE USE ONLY

- Valid driver's license and auto insurance on file or attached?  
Yes  or No
- Total miles approved: \_\_\_\_\_ Approved by: \_\_\_\_\_