



Safe, Timely Rides to Healthcare Appointments

ITP Service Record (Claim Form)

*Member Name:	Member Telephone:	*Member Medicaid:	
	()		
*ITP Name:	ITP Telephone:	*ITP MTI Number:	
	()		
Trip #1			
From:	To:	Miles:	Amount:
From:	To:	Miles:	Amount:
*Authorization Number:	*Appointment Date/Time:	Total Miles:	Total Amount:
Healthcare Provider NPI:	Healthcare Provider Telephone:	*Healthcare Provider Name:	
	()		
I certify that this patient was seen for a Medicaid covered healthcare service.	*Signature & Title of Healthcare Provider:		*Date Signed:
Trip #2			
From:	To:	Miles:	Amount:
From:	To:	Miles:	Amount:
*Authorization Number:	*Appointment Date/Time:	*Miles:	Total Amount:
Healthcare Provider NPI:	Healthcare Provider Telephone:	*Healthcare Provider Name:	
	()		
I certify that this patient was seen for a Medicaid covered healthcare service.	*Signature & Title of Healthcare Provider:		*Date Signed:

ITP Drivers: To process your mileage claim, please ensure that fields with an asterisks (*) are filled in. Please note that the allowable mileage that may be claimed for reimbursement is calculated by the managed transportation organization using an online mileage application.

AFFIDAVIT: This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim is from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws. I hereby certify that this claim contains no willful misrepresentation or falsification and that the information I have given is true and correct to the best of my knowledge and belief. I attest that I have complied with all of the provisions of the Individual Transportation Participant Agreement when providing the transportation services for which I am seeking reimbursement.

***Signature of Individual Transportation Participant (ITP)**

Date

Please retain a copy for your records. All forms must be mailed or faxed to:

MTM, Inc.

16 Hawk Ridge Circle

Lake St. Louis, MO 63367

Fax Number: 888.407.0936/Web Mail: txgmr@mtm-inc.net