

# Medicaid mileage reimbursement form

**You can request reimbursement for travel to health-related facilities.**

## What can I be reimbursed for?

You can ask to be reimbursed for rides that have occurred in the last 365 calendar days to health-related facilities, such as trips to your providers' office, pharmacy and appointments for covered services like physical therapy. Reimbursement is based off your address Priority Health has on file from the Michigan Department of Health and Human Services (MDHHS) and your destination.

## Are there any requirements?

To be eligible for reimbursement, the following must be true:

- The ride happened in the last 365 calendar days.
- The ride normally costs money.
- You went to the nearest facility, unless you had approval to go to a farther one.
- The vehicle being used has current and valid auto insurance.
- The driver was legally licensed to operate the vehicle.
- You didn't get paid in any other way for this ride.
- No other Medicaid member is asking for reimbursement for the same ride.

## Can I be reimbursed for a free ride?

Reimbursement is not available for rides that are usually free, unless you have proof of hardship or a special situation.

## Where do I send the completed form?

Return the completed form to Priority Health by:

### Mail

Priority Health Transportation Coordinator  
1231 East Beltline NE, MS 1145  
Grand Rapids, MI 49525

### Fax

616.464.8905

### Email

***reimbursement@priorityhealth.com***

## What if I have questions?

Contact Customer Care at 888.975.8102 (TTY: 711). We're available Monday through Thursday from 7:30 a.m. – 7 p.m., Friday from 9 a.m. – 5 p.m. and Saturday from 8:30 a.m. – noon ET. You can also log in to your member account at ***priorityhealth.com*** to send a message.

1. Member information		
First name	Last name	M.I.
Date of birth ____/____/____	Priority Health ID number	
If a minor, should reimbursement be issued to a parent, legal guardian or foster parent? <input type="checkbox"/> Yes (complete section 2a.) <input type="checkbox"/> No		

**2a. Parent, legal guardian or foster parent information\***

First name	Last name	Date of birth ____/____/____
Street address		Unit/apt./lot no.
City	State	Zip Code
Email		Phone (     )     -

**3. Ride details****Ride 1**

Provider/facility name	Time	Date ____/____/____
Street address		
City	State	Zip Code
What is the type of ride? <input type="checkbox"/> Round-trip <input type="checkbox"/> One-way	What is the reason for the ride?	

**Ride 2**

Provider/facility name	Time	Date ____/____/____
Street address		
City	State	Zip Code
What is the type of ride? <input type="checkbox"/> Round-trip <input type="checkbox"/> One-way	What is the reason for the ride?	

**Ride 3**

Provider/facility name	Time	Date ____/____/____
Street address		
City	State	Zip Code
What is the type of ride? <input type="checkbox"/> Round-trip <input type="checkbox"/> One-way	What is the reason for the ride?	

Ride 4		
Provider/facility name	Time	Date ____/____/____
Street address		
City	State	Zip Code
What is the type of ride? <input type="checkbox"/> Round-trip <input type="checkbox"/> One-way	What is the reason for the ride?	
<b>4. Acknowledgement</b>		
<p>By signing this form, I acknowledge the following:</p> <ol style="list-style-type: none"> <li><b>1. Use of transportation</b> - I understand that if I or individuals such as family, friends or neighbors can provide rides at no cost, it is expected for these rides to continue for free. Additionally, I cannot ask for reimbursement for free rides, unless I can show proof of hardship or a special circumstance.</li> <li><b>2. Travel to the nearest provider</b> - I understand that I can only be reimbursed for rides to the closest facility that provides the care I need. If I went to a facility that is farther away, I received approval first.</li> <li><b>3. Insurance and driver requirements</b> - I understand that the vehicle used must have had valid auto insurance and the driver was legally licensed to operate the vehicle.</li> <li><b>4. Third-party payments</b> - I understand that I cannot receive any other payment for the rides I am asking to be reimbursed for. If I do receive any, I will report it to the State of Michigan's Medicaid program, which is run by MDHHS.</li> <li><b>5. Double payments</b> - I understand that no other Medicaid member can be reimbursed for the same ride, to the same place, on the same day.</li> </ol> <p>I confirm that all information provided on this form is true, complete and accurate to the best of my knowledge. I understand that providing false or misleading information may lead to denial of reimbursement and/or further review, which may result in being reported to the State of Michigan's Medicaid program, which is run by MDHHS.</p>		
Signature		Today's date ____/____/____

\*Anyone other than the member who is set to receive payment must not have been convicted of a felony for the creation, distribution, prescription or handling of a controlled substance under federal or state law on or after August 21, 1996. Such individuals are required to share any such convictions to the health plan.



**Hindi (हिंदी)** - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800.942.0954 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Italian (Italiano)** - ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'800.942.0954 (TTY: 711) o parla con il tuo fornitore.

**Japanese (日本語)** - 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。800.942.0954 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

**Korean (한국어)** - 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800.942.0954 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Polish (Polski)** - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800.942.0954 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**Russian (Русский)** - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800.942.0954 (TTY: 711) или обратитесь к своему поставщику услуг.

**Serbian (Srpski)** - ПАЖЊА: Ако говорите језиком који није енглески, доступне су вам услуге бесплатне помоћи у вези језика. Одговарајућа помоћна средства и услуге ради пружања информација у приступачном формату су такође доступни без накнаде. Позовите 800.942.0954 (TTY: 711) или разговарајте са пружаоцем услуга.

**Spanish (Español)** - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800.942.0954 (TTY: 711) o hable con su proveedor.

**Tagalog** - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800.942.0954 (TTY: 711) o makipag-usap sa iyong provider.

**Urdu (اردو)** - توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں 800.942.0954 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

**Vietnamese (Tiếng Việt)** - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800.942.0954 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Source: lep.gov and cms.gov Last updated: May 2025

10003-304 H8379\_NCMS400040102558BG\_C 04302025

Y0056\_NCMS400040102558BG\_C 04302025

©2025 Priority Health PH032 PH\_33078-1.2 05/25