

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:

MailFaxPriority Health Transportation Coordinator616.4

1231 East Beltline NE, MS 1145

Grand Rapids, MI 49525

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?				
☐ Yes (complete section 2a.) ☐ 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?		What is the reason for the ride?				
☐ Round-trip ☐ One-w						
Ride 2						
Provider/facility name		Time		Date / /		
Street address		L				
City		State		Zip Code		
What is the type of ride? ☐ Round-trip ☐ One-w		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? ☐ Round-trip ☐ One-w		What is the rea	ason for th	ne ride?		

Ride 4					
Provider/facility name	Time	Date			
Street address	1	<u> </u>			
City	State	Zip Code			
What is the type of ride?	What is the reason for the ride?				
☐ Round-trip ☐ One-way					
4. Acknowledgement					
By signing this form, I acknowledge the f	following:				
1. Use of transportation - I understand that if I or individuals such as family, friends					
or neighbors can provide rides at n	o cost, it is expected for t	these rides to continue			
for free. Additionally, I cannot ask fo	· ·				
show proof of hardship or a special					
2. Travel to the nearest provider - 1		aly he 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.					
3. Insurance and driver requirements - I understand that the vehicle used must					
have had valid auto insurance and the driver was legally licensed to operate the					
vehicle.					
4. Third-party payments - 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.					
5. Double payments - I understand that no other Medicaid member can be					
reimbursed for the same ride, to the same place, on the same day.					
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 Medic					
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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

We offer free language assistance services and auxiliary aids and services.

Albanian (Shqip) - VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800.942.0954 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic (العربية) - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 800.942.0954 (TTY: 711) أو تحدث إلى مقدم الخدمة.

ماهم محلع مرون معموم مروناء مروناه مروناه بروناه مروناه مروناه بروناه مروناه براد بره مروناه بروناه مروناه بروناه مروناه بروناه مروناه مروناه مروناه مروناه بروناه مروناه بروناه مروناه بروناه بروناه

Bengali (বাংলা) - মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। ৪০০.942.0954 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলন।

Bosnian/Croatian (Bosanski/Hrvatski) - PAŽNJA: Ako govorite bosanski/hrvatski, dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima takođe se pružaju besplatno. Pozovite 800.942.0954 (TTY: 711) ili kontaktirajte svog pružatelja usluga.

Brazilian Portuguese (Português do Brasil) - ATENÇÃO: Se você fala português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Lique para 800.942.0954 (TTY: 711) ou fale com seu provedor.

Chinese - Simplified (中文) - 注意:如果您说[中文],我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务,以无障碍格式提供信息。致电 800.942.0954 (TTY: 711)或咨询您的服务提供商。

English - ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800.942.0954 (TTY: 711) or speak to your provider.

French (Français) - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800.942.0954 (TTY: 711) ou parlez à votre fournisseur.

German (Deutsch) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800.942.0954 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Haitian Creole (Kreyòl Ayisyen) - ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 800.942.0954 (TTY: 711) oswa pale avèk founisè w la.

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 (ТТҮ: 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) - توجه 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 ban.

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