

Stephanie's plan & spending

View the status of your **Plan** plan and activity.

In-network medical costs

Slide to see how my costs change with my spending.

You are here

Before out-of-pocket max

After out-of-pocket max

SERVICE TYPE	MY COST
Virtual care	100% of bill >
Office visit for illness or injury	\$4.00 >
Specialist office visit	\$4.00 >
Urgent care visit	\$4.00 >
Emergency room visit	\$8.00 >

[Explore options](#)

Plan information

Plan

Coverage: *

[View your plan ID >](#)

My primary care

[Find a new primary physician >](#)

Transportation Assistance

Mileage reimbursement
Get paid for your travel mileage on qualifying medical visits.

Transportation request
Get qualified and request transportation support.

Physical & Rx drugs & All covered

1. Access “Transportation Assistance” on the right side of your home screen of your member portal

STEPHANIE's mileage reimbursement

Review your member information

You may only request mileage reimbursement for yourself from your home address as shown in your profile. If this information appears to be incorrect, please review or make changes from your [profile](#).

First Name	Last Name	
STEPHANIE		
Medicaid ID		
Home Address		
City	State	Zip code
WYOMING	MI	49519

Cancel

Continue

1 of 3

2. Review your information

STEPHANIE's mileage reimbursement

^ Enter appointment details

Requests can be submitted within 1 year from the date of service.

Appointment Date Please enter a valid date Appointment time Please enter a valid time

Name of medical facility

Medical facility Address

City State Zip code

Phone Provider's name

Purpose for visit **If for a child, please enter child's name and ID number and purpose for visit**

You can request reimbursement for multiple trips at once by adding another appointment

Add appointment +

Duplicate

Cancel

Continue

2 of 3

4. Enter in your appointment information

Note: if for your dependent child that has a Priority Health contract, please indicate your child's name, ID number, and purpose for visit in the "Purpose for visit" section

Please review before submitting

Print

Stephanie's mileage reimbursement

Members name:

Stephanie

Medicaid ID:

Home address:

Wyoming, MI

Appointment summary

Appointment date:

4/15/20

Appointment time:

1:00 PM

Name of medical facility:

Spectrum Health

Medical facility address:

100 Michigan St. Grand Rapids, MI 49505

Provider:

Dr. Smith

Purpose for visit:

Check up

Terms and conditions

If you, your family, neighbors, friends, relatives, etc. can provide transportation, it is expected to be provided without reimbursement. If transportation has been provided at no cost, it is reasonable to expect this to continue, except in extreme circumstances or hardship.

I understand that I will be paid mileage only to the closest provider capable of providing the necessary services.

☒ I certify that the above information is correct to the best of my knowledge.

Back

Submit request

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5. Review your information and submit!