

REQUEST TO MAINE DEPT OF HEALTH AND HUMAN SERVICES FOR REIMBURSEMENT FOR TRANSPORTATION SERVICES

Date: (m/d/yyyy) _____

Pay To: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Transportation Below Was Provided For The Following Person: _____

Case Name (If different): _____

Client ID #: _____

Caseworker Name: _____

Date (m/d/yyyy)	Itinerary: Reason for travel person/provider seen, city to and from	Service & Origin & Destination Codes*			Actual Miles	Amount @ .34/mile	Any other trip expenses (explain attach receipt)
		SV	OG	DT			
		XX	XX	XX			
		SV	OG	DT			
		XX	XX	XX			
		SV	OG	DT			
		XX	XX	XX			
		SV	OG	DT			
		XX	XX	XX			
		SV	OG	DT			
		XX	XX	XX			

I am not requesting reimbursement for this transportation from any other public or private entity or organization.

Signature: _____

Please submit these requests for reimbursement at least monthly.

Bill approval by BCFS _____

Regional Administration Approval

Region _____

Date _____

VC _____

Doc ID# _____

Fund _____

Amount _____

Authorized Signature: _____

*See the next page for the code list.

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Service Codes (SV) – for all transportation

M92 To a MaineCare Provider for a MaineCare Service
P92 To Visit Parents/Home
R92 All Other

Selected Origin (OG) and Destination (DT) Codes

(For MaineCare Transportation Only)

01 Hospital
04 Dentist
05 Physician
06 Podiatrist
07 Optometrist
08 Optician
09 Pharmacy (for immediate medical necessity; not for refills)
12 Independent Laboratory and X-ray
14 Medical Supply and Durable Medical Equipment Dealer
17 Physical Therapy
18 Chiropractor
24 Mental Health Clinic, Psychologist, Psychological Examiner, LCSW, LCPC
26 Foster Home
27 Family Planning Clinic
31 Speech and Hearing Clinic
37 Rural Health Clinic
38 Day Habilitation Services (when prescribed for persons with mental retardation)
40 Pediatric or Family Certified Nurse Practitioner (when separate from a physician)
43 Health Maintenance Organization
52 Other (must describe on claim, use only if no other code is available)
54 Day Care Setting (to receive prescribed developmental therapy services)
55 Early Intervention Services (regarding developmental delay when identified by a Child Development Services)