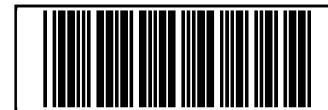


# Michigan Mileage Reimbursement



Mileage records are due to the office on Mondays by Midnight. If mailed, they must be postmarked by Monday. They are due every week. Late mileage records will result in late pay. You must sign the record AFTER all work is complete. Do not turn in mileage records for work that has not been provided yet. Want to avoid paper mileage records? Enter your time and mileage the easy and secure way on the Consumer Direct Care Network Portal! Ask to be signed up today!

Employee Name (Please Print)	Employee ID	Participant Name (Please Print)	Participant ID

Service Date (MM/DD/YYYY)	Mileage - Round to nearest mile	Service Code:	Comments:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I certify that the hours and services indicated above were provided to the Participant by the Employee as recorded. The Participant was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

**Employee Signature**

**Participant Signature**

Date: 

MM	/	DD	/	YY
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Date: 

MM	/	DD	/	YY
----	---	----	---	----

**Please see back for instructions.**



# Mileage Reimbursement Instructions

Want to avoid the hassle of paper timesheets? Enter your time the fast, easy, and secure way at the Consumer Direct Care Network Portal! Ask your local office how to sign up.

**These items must be completed for your mileage form to be processed:**

- **Employee Name**
- **Employee ID (first 7 digits)**
- **Participant Name**
- **Participant ID**
- **Employee Signature & Date**
  - Must be dated on or after the last day worked.
- **Participant Signature & Date**
  - Must be dated on or after the last day worked.

**Each line of service must include:**

- Service Date (MM/DD/YYYY format)
- Mileage – Rounded to nearest mile
- Service Code

Make sure your mileage form is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes **WITHOUT** touching any lines, or are not readable.

Please continue on a second mileage form if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

**For best results use BLACK ink**

Shade circles completely, like this: ●

Not like this: ✓ ⊗ ⊙

Fill boxes like this: 

A	B	C	1	2	3
---	---	---	---	---	---

Not like this: 

A	B	C	1	2	3
---	---	---	---	---	---

Service Code	
Mileage/Transportation	TRANSPORT



17791