

Mileage Tracker

Name:

Date Submitted:

Preferred Gas Station:

Please have your medical provider sign the designated area at the time of your visit. If you did not get signatures at the time of your appointment, you will need to provide other documentation as proof you attended your appointment. As a reminder, travel reimbursement from our agency is for medically related appointments only. We are funds of last resort, therefore we encourage all Medicaid recipients to submit for reimbursement from MATP first. Our case managers may verify and revise any mileage submitted using Google maps. If you have any questions, please contact your case manager at 570-829-2700.

Date	Time of Appt.	Destination (name of provider or hospital)	Address of Destination: Please include street and city	Reason for appointment/visit	Total Miles Roundtrip	Signature of provider

FOR CASE MANAGER USE ONLY

1: Do all appointments meet RW eligibility? If no, please subtract that mileage from total.	Yes	No	Total Miles: x \$.	Please round down total gas card amount to whole dollar.
2: Is client eligible for MATP reimbursement? If yes, client only eligible for \$.46 cents per mile RW reimbursement. (MATP .12)	Yes	No	Gas Card Amount:	
			Rounded Amount:	