

TRAVEL REIMBURSEMENT FORM - USE FOR:

- Non-Emergency Transportation and travel related expenses including:
 - Transportation (air fare, public transportation, car services such as Uber/Lyft/Taxi)
 - Lodging, Meals, Mileage, Tolls, Parking

Instructions

- Add as many/few lines as you would like (no other alterations can be made)
- Each service/item must be broken out on individual rows, requested data per each column header required
- Attach evidence of medical appointments associated with travel
- Attach **all** itemized receipts which must include providers printed name & signature, address, phone number, date(s) of service, and paid amount
- Mileage will be verified using MapQuest
- International claims will be paid at the USD exchange rate determined for date of service
- Additional forms may be used if necessary
- Send completed forms to NY_DOH_MIF@pcgus.com or mail to:
MIF c/o PCG, P.O. Box 784 Greenland, NH 03840-0784

Enrollee Name _____

Enrollee MIF ID # NYS _____

*Payment will be issued to the enrollee.
 Enrollee is responsible for reimbursing the provider.*

*Questions on how to fill this out?
 Please call Customer Service:
 1-855-NYMIF33 (855-696-4333) and press Claims Option*

Medical Appointment Associated with Travel	Name Of Person(s) Who Traveled with Enrollee	Type of Transportation (ie. Ambulance, Ambulette, Car, Van, Train, Airplane, Taxi, Uber/ Lyft Public Transportation)	Dates of Travel	Starting Point	Destination Address	Ending Address	Total Unit/ Miles	Total Amount Billed (\$)

I certify the information given is accurate and no items and/or services have been reimbursed or are pending reimbursement by another source(s)

SIGNATURE _____

RELATIONSHIP TO ENROLLEE _____

PRINT NAME _____

DATE: ____/____/____