

Instructions:

- Submit one Billing Document per calendar month.
- Appointment attendance verification required for all trips. (Submit with Billing Document)
- Bills must be submitted within 60 days from first service date on bill.
- Entries must be legible.

OFFICE USE ONLY BILL ID #
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Client Name		Client ID #		Phone Number	
Parent/Legal Guardian (one name only)		Payee ID # (or SSN # if first time billing)		Email Address	
Mailing Address (<input type="checkbox"/> check if new address)			City		State
Zip					

Date	Appointment Time	Purpose of Trip or Travel	Medical Provider	Address	City/State	Office Use Only

Notes: (Worker Use Only)

<p>**Anyone filing a false claim may be prosecuted for fraud**</p> <p>I verify the information provided on this form is true, complete, and accurate. I understand this information may be used to verify my request for reimbursement for authorized medical mileage.</p> <p>_____ Parent/Legal Guardian Signature</p> <p>_____ Date</p>	<p>DHHS USE ONLY</p> <p>MapQuest Verification on File <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Appointment Verification on File <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Current Registration and Drivers' License <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Miles _____ Approved Reimbursement Total \$ _____</p> <p>Approved by _____ Date _____</p>
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